



*Fairfax County*

Advisory Social Services Board

---

# **2003 ANNUAL REPORT**

## **Advisory Social Services Board Members**

Alyce Pope, Chairman	Mason District
Ryan P. Kelly, Vice Chairman	Braddock District
Pamela Cave, Secretary	Sully District
Robert Lee McCan	Mount Vernon District
Pam Neisch	Lee District
Rosemary Ryan	Dranesville District
Jeffrey C. Weinstock	Hunter Mill District
Vacant	Providence District
Vacant	Springfield District
Vacant	At Large

# TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY .....</b>	<b>v</b>
RECOMMENDATIONS .....	vii
ORGANIZATIONAL CHART .....	ix

## **ADULT AND AGING DIVISION..... 1**

INITIATIVES/PROGRAM HIGHLIGHTS .....	1
Home Based Care .....	1
Task Based Services in Congregate Apartments .....	2
Falls Church Case Management Project .....	2
Adult Protective Services.....	2
Assisted Living Facilities.....	3
Northern Virginia Long Term Care Ombudsman Program Activities .....	4
Nutrition Program/Home Delivered Meals.....	4
Fairfax Area Agency on Aging (AAA) Volunteer Services.....	4
Caregiver Support .....	5
Transportation .....	5
ISSUES/TRENDS.....	5
Growth of Aging Population with Limiting Physical Conditions .....	5
Home Based Care .....	5
Consumer Directed Care.....	6
Long Term Care Coordinating Council .....	6
Home Delivered Meals .....	7
Services for Non-English Speakers .....	7
Strategic Planning .....	7

## **CHILDREN, YOUTH AND FAMILY DIVISION.....9**

OVERVIEW .....	9
INITIATIVES/PROGRAM HIGHLIGHTS .....	9
Child & Family Services Reviews (CFSR) .....	9
Structured Decision Making (SDM).....	10
The Katherine K. Hanley West County Family Shelter .....	11
Blue Ribbon Campaign.....	11
Reshaping Children’s Services Initiative.....	11
Revenue Maximization .....	12
Professional Development .....	12
ISSUES/TRENDS.....	13
Increasing Cultural Diversity .....	13
Best Practices .....	13
Strategic Planning .....	14
Domestic Violence.....	14

<b>CHILD PROTECTIVE SERVICES .....</b>	<b>14</b>
INITIATIVES/PROGRAM HIGHLIGHTS .....	14
Use of Structured Decision Making Model .....	14
Childhelp USA Children’s Center of Virginia .....	15
Interjurisdictional Reviews of High-Risk Child Welfare Cases .....	15
Sexual Abuse Professional Practices Team Develops Manual .....	15
State-Mandated Teacher Training .....	15
Child Protective Services Hotline .....	16
CPS Investigations and Assessments .....	16
Ongoing Treatment Services .....	17
ISSUES/TRENDS .....	17
Custody Disputes .....	17
Online Automated Statewide Information System (OASIS) .....	17
<b>FOSTER CARE AND ADOPTION SERVICES .....</b>	<b>18</b>
INITIATIVES/PROGRAM HIGHLIGHTS .....	18
Foster Care .....	18
Decrease in the Number of Children in Foster Care .....	18
Independent Living Services .....	19
Strategies to Facilitate Permanency Planning for Children in Foster Care .....	19
Foster and Adoptive Home Recruitment and Training .....	20
Revenue Sources for Services to Children in Foster Care .....	21
Adoption .....	21
Finalized Adoptions .....	21
Child Placement and Adoptive Home Recruitment Efforts .....	22
Increase in Children Receiving Subsidized Adoption Services .....	22
ISSUES/TRENDS .....	23
Cultural Diversity of Foster and Adoptive Parents .....	23
Length of Time to Achieve Adoption .....	23
<b>FAMILY AND CHILD SERVICES .....</b>	<b>23</b>
INITIATIVES/PROGRAM HIGHLIGHTS .....	23
Intensive Services .....	23
Homeless Services .....	24
Emergency Assistance .....	25
ISSUES/TRENDS .....	26
Lack of Affordable Housing .....	26
<b>CHILD ABUSE PREVENTION SERVICES .....</b>	<b>26</b>
INITIATIVES/PROGRAM HIGHLIGHTS .....	27
One-to-One Education and Support of Families/Family Members .....	27
Healthy Families Fairfax .....	27
BeFriend-A-Child Program .....	28
BeFriend-A-Parent Program .....	28
Group Based Education and Support .....	29
The Nurturing Parenting Program .....	29

## **CHILD ABUSE PREVENTION SERVICES (continued)**

Good Touch, Bad Touch Program .....	29
Neighborhood-Based Organizing and Coalition Building .....	29
Family Resource Centers .....	29
Neighborhood Networks Programs .....	30
Engaging The Community Through Public Awareness and Education .....	30
The Early Intervention Strategy Team (EIST).....	30
The Blue Ribbon Campaign Committee .....	31
Engaging the Community by Involving Volunteers and Donors.....	31
The Volunteer Services Program .....	31
Children, Youth and Family Donor/Holiday Spirit Program.....	31

## **SELF - SUFFICIENCY DIVISION .....33**

PUBLIC ASSISTANCE/WELFARE REFORM PROGRAM HIGHLIGHTS.....	33
PROGRAM OVERVIEW AND PERFORMANCE .....	34
Food Stamps Program .....	34
Medicaid .....	34
Temporary Assistance to Needy Families (TANF) .....	34
Virginia Initiative for Employment not Welfare (VIEW) .....	34
The Families to Work Program.....	35
Bridges to Work Program .....	35
Workplace Essential Skills .....	36
Family Loan Program .....	36
The Vehicles for Change Program.....	36
Other Public Assistance Programs.....	37
Other Public Assistance Related Initiatives.....	37
Health Access Assistance Team (HAAT) Program.....	37
Partnership with the Community Action Advisory Board.....	37
Retention Grant.....	37
Partnering with the Partnership for Healthier Kids.....	37
Disaster Food Stamp Program .....	37
EMPLOYMENT PROGRAM HIGHLIGHTS.....	38
PROGRAM OVERVIEW AND PERFORMANCE .....	39
Workforce Investment Act (WIA) .....	39
Center for Business Planning and Development .....	40
Disabilities Services Grants (OneSource and YouthSource).....	40
National Emergency Grant .....	40
Rapid Response Grant.....	40
MetroTech Grant.....	41
ISSUES/TRENDS .....	41
Reauthorization of TANF and Reduction of State TANF Budget for FY 2005 .....	41
Increased Demand for Public Assistance/Workload Increases.....	41
Meeting the Needs of a Changing Community.....	42

**THIS PAGE INTENTIONALLY LEFT BLANK.**

## EXECUTIVE SUMMARY

*This report is a summary review of the Department of Family Services public welfare programs -- Adult and Aging; Children, Youth and Family; and Self-Sufficiency -- under the purview of the Advisory Social Services Board (ASSB). This report summarizes significant program trends, events and initiatives for 2003.*

### TRENDS

The population of county seniors requiring public or private services to remain independent continues to grow. Based on Virginia Employment Commission projections for Fairfax County, by 2010, persons age 60 and older will make up 15.4 percent of the total population, with nearly 1 out of 10 seniors falling into the frail elderly category (85 and older). Those in the latter group historically are unable to complete personal care and household chores independently.

The lack of affordable housing in Fairfax County remains a serious problem affecting many programs in the Department of Family Services (DFS). Significant waiting lists continue for Section 8 and Public Housing, permanent supportive housing and other support services programs for individuals and families. The lack of affordable housing has led to a critical need for increased shelter capacity. While the county's population has grown by close to 192,000 since 1991, shelter capacity has not increased in that same period. The waiting list for family shelters is more than 50 families. When shelter space is not available, families with no other housing options currently are placed in motels to await shelter placement. Plans are well underway to construct a fourth family shelter—the Katherine K. Hanley Family Shelter—which will be ready for occupancy in 2006.

The growing diversity of the county's population enriches our community and also adds complexity to the work of DFS. To ensure equal access to services and maintain excellence in public service, the department continues to invest in attracting, developing and retaining a highly skilled and diverse workforce. To effectively deal with the multiple and complex issues of our customers and provide culturally appropriate services, the department provides staff with the necessary tools, including access to language translation and interpretation services. These factors increase program cost, workloads and level of effort required of staff to meet our mission.

### KEY PROGRAM ISSUES

- **Providing Services to the Growing Population of Senior Adults**

The growing population of frail elderly persons (85 and older) will likely require either public or private services. Such services will range from assisted living, in-home support, transportation, adult day care facilities and senior centers, to home-delivered meals and telephone reassurance. The county must focus on service delivery issues for this population, including who we plan to serve, what services we actually provide and what income levels we use to determine eligibility for such services.

While the Strategic Plan adopted by the Long Term Care Task Force in 2002 identified our goals, fiscal realities make the road to get there very tenuous. Nevertheless, it is important that we maintain our contract with all senior citizens who have lived, raised families and paid taxes in Fairfax County for decades. That contract includes providing, or ensuring that there are otherwise in place, the public, non-profit or private provider services needed at an affordable cost. It is crucial that delivery of these programs be integrated and cut across agency lines to provide a seamless entry into a system of support for one of our vulnerable populations.

- **Impact of Housing Needs**

The lack of affordable housing in Fairfax County remains a serious problem and a significant stressor on low-income families, making it more difficult for them to remain stable and meet the needs of their children.

There also continues to be a lack of permanent supportive housing to serve persons with serious mental illness and/or chronic substance abuse. This results in longer lengths of stays in the shelters, and less capacity to provide emergency shelter.

- **DFS Program Improvement Plan as Follow-up to the Child and Family Services Review**

Based on the findings of the July 2003 federal Child and Family Services Review, the department has identified focus areas for improvement, addressed in the DFS Program Improvement Plan. A primary goal identified in this plan is reducing the time it takes to find a safe and stable permanent placement (adoption) for children in foster care. To support this goal, two particular efforts are underway: the implementation of concurrent planning, which facilitates timely permanence planning for children who are not likely to return home; and a partnership with Kidsave International to provide opportunities for adoptable children to spend weekends with host families in Fairfax County.

- **Federal Reauthorization of TANF and the Reduction of State TANF Budget for FY 2005/2006**

The U.S. House of Representatives has passed legislation to reauthorize and significantly change the Temporary Assistance for Needy Families (TANF) block grant and its mandatory requirements. The U.S. Senate Finance Committee has released its mark-up of this legislation, and the bill may go to the Senate floor in the fall of 2004.

Differences between the House and Senate bills include the level of funding for child care, the work participation requirements, the types of activities that count toward the work participation rate, the number of hours a participant must be in work or a work activity, and the new universal engagement requirement contained in both the House and Senate bills.

Given what is known today about the reauthorization of TANF, increases in workloads and costs for TANF/VIEW and child care programs both at the state and local levels can be expected.

At the state level, Virginia is dealing with a projected \$34 million TANF budget deficit, making it necessary to reduce TANF spending to balance its TANF budget for the biennium. There are three TANF budget versions being considered by the Virginia General Assembly -- the governor's, the House and the Senate. Each deals with the \$34 million reduction



differently, and as of this writing, it is uncertain which version will be approved and how it will affect the county.

- **Increased Demand for Public Assistance/Workload Increases**

Recent growth in the number of public assistance caseloads is dramatic. In December 2003, there were 43,162 public assistance cases in the department, compared to 34,031 cases in December 2002 -- a 26.8 percent increase. Increases are attributed primarily to federal and state public assistance policy changes. To deal with the anticipated rise in caseloads, the department has put in place several measures to increase efficiency; however, the effect of these efficiencies have been somewhat minimized by the sudden and unprecedented growth in caseloads. Potential side effects of the rapid increases in caseloads may include delays in customers accessing services, increases in customer complaints, and difficulty in maintaining quality services, given the increased volume and multiple and severe challenges that clients present.

## **RECOMMENDATIONS**

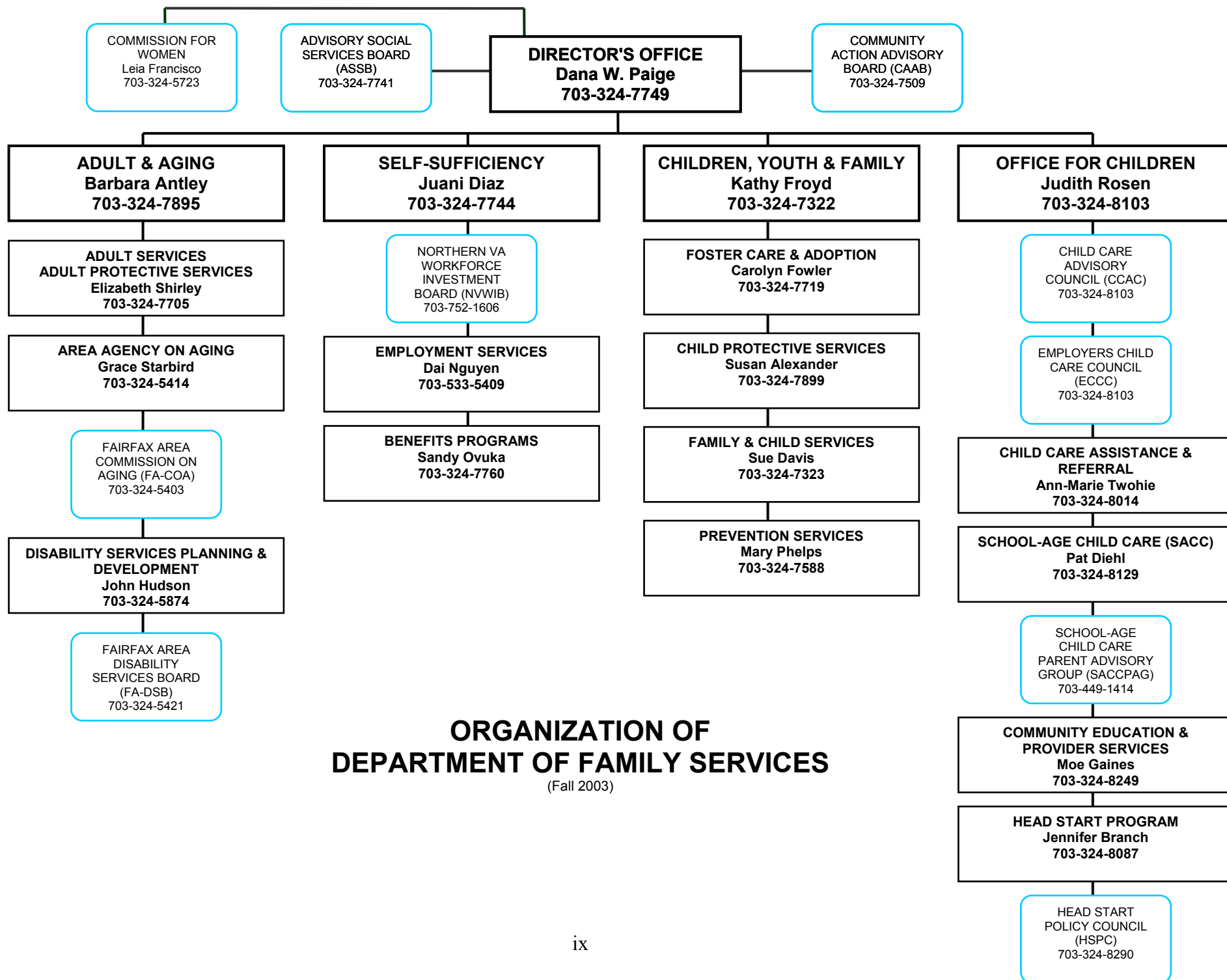
The Advisory Social Services Board recommends that the Board of Supervisors:

**Support changes in home based care services to meet the needs of a growing population who require assistance to live in their own homes.** Changes may include further implementation of task based services for persons receiving hourly services, provision of consumer directed services, and use of technology and assistive devices instead of assistance from a home care aide.

**Urge the congressional delegation to support the reauthorization of Temporary Assistance to Needy Families (TANF) and related programs.** Members of Congress need to hear that reauthorization of TANF and related programs is important to local and state governments as well as to the low-income families these programs serve.

**Support the department's efforts in meeting the requirements of the Child and Family Services Review through its Program Improvement Plan.** The goals of the review require varied and innovative approaches to achieve safety, permanency and well-being for children and families.

**THIS PAGE INTENTIONALLY LEFT BLANK.**



## ORGANIZATION OF DEPARTMENT OF FAMILY SERVICES

(Fall 2003)

**THIS PAGE INTENTIONALLY LEFT BLANK.**

**Department of Family Services**  
**ADULT AND AGING DIVISION**

Fairfax seniors 60 and older represent approximately 11.6 percent of the county's one million residents. Frail elders age 85 and older currently are the fastest growing demographic segment of the county. More than one in five persons age 60 and older speaks a primary language other than English. The number of individuals with disabilities in the Fairfax area is 112,721 -- almost 10 percent of the entire disabled population throughout Virginia.

The mission of the Adult and Aging Division is to provide programs that support elderly persons and adults with disabilities to maximize independence; to provide leadership in developing new support networks; and to enhance informal social support networks already established by families and communities. This division reflects the integration of the Area Agency on Aging, Adult Services, Adult Protective Services, Care Network for Seniors and Long Term Care Services.

**INITIATIVES/PROGRAM HIGHLIGHTS**

- **Home Based Care**

Home based care services are provided to functionally impaired, income-eligible seniors and adults with disabilities. These services assist people with tasks of daily living, such as bathing, personal care, meal preparation and housekeeping. The number of residents requiring home based care continues to grow each year. Clients are primarily served through contracts with four private agencies, with services provided to most clients on an hourly basis determined through an assessment process.

**Home Based Care**  
**Monthly Caseload and Total Unduplicated Clients Served**

<b>Fiscal Year</b>	<b>Avg. Monthly Clients</b>	<b>Total Clients Served</b>
1999	633	1,006
2000	587	1,184
2001	600	1,113
2002	659	1,161
2003	679	1,177

A study of the DFS home based care program by the William and Mary Center for Excellence in Aging and Geriatric Health is currently ongoing. Objectives of the study are to:

- Estimate the number of potential home based care recipients, from 2004 to 2007, and a projected requirement for 2010.
- Review comparable home based care programs in other localities.
- Research technology-based options for delivering and/or assisting in the delivery of some home based care services.
- Recommend other future home care options for Fairfax County.

The department expects to use this data to develop a new model for providing home based care services that builds on the benefits of cost-effective, task based services and incorporates the use of assistive technology.

- **Task Based Services in Congregate Apartments**

For the fifth year, DFS continues to provide a component of home based care services using a “task based model” in area congregate apartments for seniors and adults with disabilities. This model allows home care aides to focus services on the specific daily living requirements of each resident. Aides rotate through several units over a period of hours, assisting with cleaning, meals, laundry and/or personal care.

Earlier studies by George Mason University found the task based model to be both efficient and cost effective. In 2003, the task based model replaced the hourly model in 11 additional congregate apartments, impacting approximately 100 clients at savings to the county of approximately \$1,000 annually per client. The department is now experienced in delivering task based services, and the transition seems to have occurred with fewer concerns about the change in services communicated to the DFS case managers. Currently, home based care is provided in a task based model in 17 congregate apartment sites.

However, client satisfaction with task based services has decreased from 100 percent in 2002 to 87 percent in 2003 (there were 55 responses to 90 mailed surveys with 48 satisfied people and 7 unsatisfied). The department meets quarterly with the contract agencies to address contract requirements for quality services and to resolve issues. Clients’ complaints are immediately brought to the attention of the home care agencies, and a contract coordinator works towards solutions. Case managers maintain at least monthly contact with the clients to monitor the quality of service. Monthly interdisciplinary team meetings that include case managers, apartment managers, the contract coordinator, a public health nurse (for consultation), and when necessary, home care aides, address broader concerns.

- **Falls Church Case Management Project**

The Falls Church case management project was initiated in 1998 to provide interdisciplinary case management services to adults with functional limitations. Adults with disabilities and seniors in specific Falls Church ZIP codes (22041, 22042, 22043, 22044, 22046, 22101, 22203, and 22311) were targeted. This project involves the Health Department, DFS Adult Services and the Area Agency on Aging, with cases assigned to nurses or social workers, depending on client medical conditions and psychosocial needs, and allows any team member to authorize services.

In 2003, the team continued as a self-managed unit, receiving consultation from the Health Department and DFS managers. During that time, the team assessed 182 persons, of which 11 percent were under age 50; 8 percent were 50-60; 10 percent were 60-70; 20 percent were 70-80; 41 percent were 80-90; 8 percent were 90-100; and 2 percent were over age 100. The team meets weekly to staff cases and make recommendations for clients’ service plans. Clients benefit from the expertise of this multidisciplinary approach to service planning.

- **Adult Protective Services**

In FY 2003, there were 648 Adult Protective Services (APS) investigations, which resulted in 359 adults needing protective services.

### **Total APS Investigations**

<b>FY 1998</b>	<b>FY 1999</b>	<b>FY 2000</b>	<b>FY 2001</b>	<b>FY 2002</b>	<b>FY 2003</b>
651	670	575	590	587	648

Of the cases investigated, 83 percent involved persons over age 60; 17 percent involved persons under 60; and 23 percent involved persons in institutional facilities.

### **Clients Needing Protective Services**

<b>FY 1998</b>	<b>FY 1999</b>	<b>FY 2000</b>	<b>FY 2001</b>	<b>FY 2002</b>	<b>FY 2003</b>
375	388	356	374	347	359

Of the 359 adults needing protective services:

- 143 were cases of caretaker neglect;
  - 144 were cases of self-neglect;
  - 47 were cases of abuse; and
  - 25 were cases of financial exploitation.
- **Assisted Living Facilities**

In Fairfax County there are 51 assisted living facilities with a total of 3,663 beds. Of these facilities, two—Lincolnia and Stephenson Place—are county owned. Lincolnia has 52 beds for low-income seniors, and Stephenson Place is for persons with serious mental illness. A regional District Home at Birmingham Green in Manassas, a facility owned by Fairfax County and four other jurisdictions, had 23 beds designated for county residents.

Fairfax seniors and adults with disabilities continue to face the prospect of leaving this area if they are unable to live independently in their own homes. Lincolnia has a waiting list of 269 individuals. The District Home at Birmingham Green has a waiting list of three. Using state income guidelines with a monthly maximum income of \$1,058, of the 239 seniors and adults with disabilities receiving auxiliary grants in 2003, 117 had to leave the area.

Auxiliary grants from the Virginia Department of Social Services are used to supplement an individual's income in paying the cost of assisted living. These grants have risen to \$996 (effective 01/01/04) in Northern Virginia, but the monthly cost of a private facility in the area ranges from \$3,000 to \$5,000.

The county continues to seek expansion of affordable assisted living options. The 75-year old District Home building is scheduled to be replaced using funds from the HUD Sections 202 and 811 programs. The new buildings will have 77 units for persons age 62 and over and 14 units for adults with disabilities under age 62. Groundbreaking for Little River Glen II Assisted Living and Adult Day Care was held in December 2002, but work on the building has been delayed. The Board of Supervisors recently approved 60 units of affordable assisted living and an expansion of the senior center and adult day health care center at the Lewinsville Senior Center.

The Chesterbrook Affordable Assisted Living Facility Task Force, a volunteer group of members from Lewinsville and Immanuel Presbyterian Churches and Temple Rodef Shalom,

is working to establish an assisted living facility. The site for the nondenominational facility, to be called Chesterbrook Residences, is on the property of the former Chesterbrook Presbyterian Church in McLean. The plan calls for 97 affordable assisted living units.

- **Northern Virginia Long Term Care Ombudsman Program Activities**

During Program Year 2003, the Northern Virginia Long Term Care Ombudsman Program advocated for the rights and well-being of residents living in the 32 nursing facilities and 80 assisted living facilities in Northern Virginia. As of July 30, 2003 Fairfax County has 16 nursing facilities (2,054 beds) and 51 assisted living facilities (3,663 beds), for a total of 5,717 beds, or 53 percent of the Northern Virginia's 10,799 long-term beds.

The Ombudsman Program handled 244 complaints through formal investigations and mediation; 115 pertained to facilities in Fairfax County. Additionally, program staff provided citizens with advice, and, in the case of the volunteer Ombudsman, served as intermediaries to address 4,060 complaints about resident care and services. Fifty percent (2,019) of these complaints involved residents in Fairfax County facilities. The program received 9,408 inquiries for information about long term care (2,429 were from Fairfax County). The figure reflects the requests fielded by program staff and volunteers, but also, for the first time, visits to the program's Web site which totaled 5,600 for the five jurisdictions. In Program Year 2003, the Ombudsman Program enjoyed the support of 42 volunteer on-site advocates who served in 43 facilities in Fairfax County.

- **Nutrition Program/Home Delivered Meals**

Home delivered meals are provided for individuals age 60 and over who are unable to shop for or prepare their own meals. The objective of this program, mandated by the Older Americans Act, is to improve nutrition and maintain the physical, mental and/or cognitive functioning of homebound seniors as long as possible.

The Fairfax AAA has a memorandum of agreement with 14 Meals on Wheels volunteer delivery groups who coordinate and deliver the meals. Meals are purchased by the Fairfax AAA through five county contracts: Fairfax Department of Housing and Community Development; INOVA Health System; the Hermitage in Northern Virginia; Fairfax County Public Schools, and the Korean Presbyterian Church.

The Nutritional Supplement program, funded by Title III of the Older Americans Act, serves low-income, minority elderly individuals who are unable to consume sufficient calories from solid food due to chronic disabling conditions, dementia or a terminal illness. Clients' families pick up cases of the liquid supplement from 23 sites around the county. In Program Year 2003, 1,190 clients were served by both the home delivered meals and nutritional supplements programs. Waiting lists in Franconia and McLean continue to be a problem for home delivered meals. During the year, several volunteer coordinator position vacancies have required AAA staff to fill in for that role.

- **Fairfax Area Agency on Aging (AAA) Volunteer Services**

In 2003, a total of 2,435 AAA volunteers performed 85,296 hours of volunteer service, providing such essential services as home delivered meals, telephone reassurance, friendly visiting and pet visits to nursing homes (Pets on Wheels program). Volunteers also served as guardians/conservators; provided transportation to doctors' appointments; and performed grocery shopping, minor home repairs, home maintenance and yard work, as well as other services that allow seniors to remain in their homes.



- **Caregiver Support**

Through the Older Americans Act, the federal government provides special funding to support family caregivers of elderly persons. The AAA uses these caregiver funds to provide public information, support groups and assisted transportation.

- **Transportation**

FASTRAN buses provide transportation for county human service program participants. In FY 2003, FASTRAN provided 521,734 one-way rides, including 41,835 rides for adult day care participants; 132,992 rides for senior center participants, including group trips; and 279,697 rides for Fairfax-Falls Church Community Services Board (CSB) consumers.

The Seniors-On-The-Go pilot program, operated by the Department of Transportation, expanded in August 2002 to include Fairfax County seniors. This service provides subsidized taxi vouchers for over 2,000 eligible seniors. To stay within the approved budget, in

FY 2003, the maximum eligible annual income was reduced from \$60,000 to \$50,000 for a married couple, and from \$50,000 to \$40,000 for an individual, eliminating 258 seniors from the program. Staff worked with these individuals to help them locate other transportation options, and there were limited community complaints regarding this program change.

## **ISSUES/TRENDS**

- **Growth of Aging Population with Limiting Physical Conditions**

Many Adult and Aging Division services offered are designed to support those who are not able to independently perform activities of daily living. In Fairfax County, 18.6 percent of persons age 60 and older and 52.5 percent of persons age 85 and older have physical conditions lasting six months or more that substantially limit their ability to walk, climb stairs and lift. Individuals who experience more than six months difficulty with personal care (dressing, bathing or getting around inside the home) represent 7.1 percent of those 60 and older and 32.4 percent of those 85 and older. Currently, 29 percent of Fairfax residents 60 and older, and 72.6 percent of persons 85 and older have one or more disability. As the county's population ages, these percentages are expected to increase.

- **Home Based Care**

A major issue under study is how best to continue delivering home based care, given a growing senior population and continued budget constraints. The number of home based care clients grows every year, and it is unlikely that DFS can continue to offer the current home based hourly model as a viable alternative much longer. The task based model has the potential to provide more efficient and better care than the hourly service model. It requires fewer home care aides and is more cost effective in congregate settings.

However, the task based model is not appropriate for persons who need to have someone with them at all times and is difficult to replicate for clients not in clustered areas.

Approximately 525 clients currently receive hourly home based care services, while around 200 clients receive task based services. Based upon recommendations from the William and Mary Center study, DFS is also considering how and whether the use of technology can meet monitoring and medical reminder needs of such clients, as well as generally enhance home based care services.

- **Consumer Directed Care**

In 1999, the U.S. Supreme Court ruled that, under Title II of the Americans with Disabilities Act, a state is required to provide community based treatment for persons with disabilities, including mental illness, when it is determined that such placement is appropriate; the affected persons do not oppose such placement; and the placement can be reasonably accommodated.

Based on this ruling, known as the Olmstead decision, the Office of Civil Rights requested that states develop an operational plan. Virginia subsequently formed a task force to address concerns raised by the Olmstead decision, and submitted a final report to the governor in September 2003. The “Final Report of the Task Force to Develop an Olmstead Plan for Virginia” states, within its vision and goals, that the Commonwealth must “allow self-determination and consumer direction of services and supports to the extent possible.”

The ASSB 2001 Annual Report mentioned the move toward consumer directed services and noted that this service model is particularly effective with adults with disabilities. In this model, the consumer hires, trains, and if necessary, dismisses the home care aides. The William and Mary Center study also recommends a consumer directed model based upon the experiences of other states. The department is considering plans to adopt a consumer directed model that respects the ability of adults with disabilities to direct their own care. However, the cost of implementing such a model remains unclear.

- **Long Term Care Coordinating Council**

In their 2002 final report, the Long Term Care Task Force recommended establishing a permanent volunteer board to oversee the initiatives approved by the Board of Supervisors. The Long Term Care Coordinating Council was subsequently established in 2003 to: provide leadership and serve as the catalyst in the implementation of the strategic plan; educate funders and policy makers on long term care needs; and advocate for solutions to unmet needs. Finally, the Council was charged to develop a structure for an ongoing, nonprofit, collaborative partnership organization in the community to implement the strategic plan. The Council provides a mechanism for government agencies, nonprofits, for-profits, educational institutions and businesses in our community to develop a shared vision for long term care and to enhance service delivery.

A representative of the ASSB serves on the Council and many of its initiatives will interface with services currently provided by DFS. In 2003, for example, the Council began development of a Web page that will eventually link with the Internet sites of many service providers and is exploring linkages through the Interfaith Liaison with existing denominational programs such as parish nursing. The Council began work to expand adult day health programs for culturally diverse populations and exploring new programs for adults with disabilities.

The Council is also focusing on educational career ladders for long term care workers who provide direct care and on identifying other recruitment and retention strategies for the long term care workforce. In November and December 2003, the Council partnered with Virginia Commonwealth University to offer training to home care aides who are employed by home care agencies and who provide Medicaid waiver services. The training, offered at the DFS Falls Church office and designed to improve the retention of home care aides, focused on skill building for 18 experienced aides. The sessions addressed communication during

challenging situations, helping persons with complex needs, dealing with the loss of clients and avoiding burnout.

- **Home Delivered Meals**

The Home Delivered Meals program generally has several elderly persons waiting for an available slot on a delivery route. In FY 2003, the program, including staff, cost \$822,363. The average cost of a route (there are 38) is \$21,641. Individual contributions to defray costs, donated funds, and fees from the cities of Falls Church and Fairfax totaled \$191,322.

Federal revenue was \$436,847, and state revenue was \$37,928. With the current funding remaining level, but a growing service population, it is expected that the number of persons waiting for services will increase.

- **Services For Non-English Speakers**

The department faces a growing challenge as the county's elderly population becomes larger and more ethnically diverse. The department's public information materials have been translated, including information about Adult Protective Services and long term care. The AAA worked with other county long term care agencies to create an information packet for community groups representing seniors from other countries. The information packet informs about aging services, offers consultation for outreach efforts, and has been translated into five languages. An ongoing focus of the AAA is providing consultation to community groups representing minority seniors to help those groups reach out and provide supportive services to persons who would otherwise remain isolated at home. The continuing challenge is the lack of funding for community groups that are seeking to establish services.

- **Strategic Planning**

During the last year, DFS has focused on developing an internal strategic plan with directional goals: strengthen strategic alliances within the community that result in a strong community infrastructure working in partnership to serve our customers; improve access to services for our customers; create a community-wide education campaign to improve the physical and emotional health and safety of individuals and families in the community; maximize, increase and align resources (time, money, facilities and people); and cultivate and support a high performance and diverse workforce to accomplish the department's mission.

In concert with the DFS strategic plan and the Long Term Care Coordinating Council's strategic plan, the Adult and Aging Division has focused on updating service information on the Internet and making the information easier for the public to locate. The AAA and Disability Services Planning and Development initiated e-newsletters available through electronic mail. The AAA e-newsletter targets caregivers. Providing the public with long term care information and working in conjunction with the Long Term Care Coordinating Council is a priority for the Adult and Aging Division.

**THIS PAGE INTENTIONALLY LEFT BLANK.**

**Department of Family Services**  
**CHILDREN, YOUTH AND FAMILY DIVISION**

## **OVERVIEW**

The Children, Youth, and Family Division provides the following services:

- Child Protective Services
- Foster Care and Adoption Services
- Family and Child Services, including services to homeless individuals and families
- Child Abuse Prevention Services

The goals of these services are to enable children to live safely in families; ensure that families remain safely together whenever possible; protect children from harm and prevent abuse and neglect; support and enhance parents' and families' capacity to safely care for and nurture their children; and ensure the normal development and long-term emotional and physical health of children by supporting families who provide for them.

## **INITIATIVES/PROGRAM HIGHLIGHTS**

The following initiatives are being undertaken by the Children, Youth and Family Division to best meet the needs of the children and families of Fairfax County.

- **Child & Family Services Reviews (CFSR)**

Currently, the U.S. Department of Health and Human Services Children's Bureau is conducting Child and Family Services reviews in all 50 states. Virginia was reviewed during the week of July 7, 2003 and was the 32nd state to be reviewed. The reviews use multiple assessment sources, including both qualitative and quantitative measures, rather than focusing only on accuracy and completeness of the records, as in previous audits.

Ultimately, the goal of the reviews is to help states improve child welfare services and achieve the outcomes of safety, permanency, and well being for families and children receiving services. The review included an on-site case review; case-specific interviews with caseworkers, families, and other service providers; and focus groups with stakeholders including judges, Court-Appointed Special Advocates (CASAs), foster parents and foster children. The review also included an in-depth statewide data review and focus groups with various stakeholders in child welfare.

As the largest metropolitan area in Virginia, Fairfax was one of three localities selected for the review, with Norfolk and Bedford the other two localities reviewed. The federal government has not yet issued the final report because of a discrepancy in data regarding re-entries of children into foster care. That discrepancy is expected to be resolved by an additional case review to be conducted in Spring 2004.

Case review standards are set intentionally high to highlight that all states have areas they can improve. As of this report, no state has met the standards for all outcome areas. Ninety percent of cases reviewed for each outcome area must be ranked as a strength in order for a state to be considered in substantial compliance. Preliminary results indicate that Virginia has

substantially achieved one out of seven outcome areas: children receive appropriate services to meet their educational needs.

During the local debriefing after the case reviews, federal representatives noted that they were impressed with the professionalism of the social workers and the level of services provided by the Department of Family Services to families in Fairfax County. Although this was a review of state performance, preliminary feedback to Fairfax County on our local review indicated substantial achievement in three out of seven areas and strength ratings of over 80 percent in three other areas. The area with the greatest need for improvement for Fairfax County, as well as for Virginia, concerns children having permanency and stability in their living situations, which includes timeliness in achieving adoption. No state has yet met this outcome area, an indication that it presents a challenge nationally.

Fairfax developed a local Program Improvement Plan (PIP) based on the preliminary review results, the informal feedback from the reviewers and from separate discussions with management, staff and stakeholders. While Virginia required each locality to select three focus areas to include in the local PIPs, Fairfax selected four areas in the spirit of quality improvement: adoption, placement with relatives, placement stability and risk of harm. These areas also were selected because of their interdependent nature and potential impact on other areas of safety, permanency and well-being for children and families. The next review is not expected until 2007 and will focus specifically on whether progress was made in the focus areas included in the Program Improvement Plan.

- **Structured Decision Making (SDM)**

Fairfax County is working with the Virginia Department of Social Services to implement a decision-making model known as the structured decision-making (SDM) model. This model provides a framework for more efficient, consistent, and valid decision-making for child welfare agencies. It uses different criteria at each decision point to address the issues at each stage of the case. The SDM model has been implemented formally in at least 14 states, and many other agencies have informal adaptations of the model.

The objectives of the SDM model are to:

- introduce structure to critical decision points in the child welfare system;
- increase the consistency and validity of decision-making;
- target resources to families most at risk; and
- improve the effectiveness of child welfare services.

A priority response system for Child Protective Services is one component of SDM that already has been implemented in Fairfax County. Other components to be implemented include a safety planning tool, a research-based risk assessment and standardized assessments of family and child strengths and needs. These tools will be used to guide both the provision of a particular service and the level of service provided. Linking service standards to risk ensures that resources are targeted to families most likely to have a recurrence of abuse or neglect. Virginia Department of Social Services is developing the SDM model for the state to begin with pilot agencies in the fall of 2004. Fairfax County has expressed interest in being a pilot agency for SDM.

- **The Katherine K. Hanley West County Family Shelter**

During 2003, Fairfax County made significant progress toward developing a fourth family shelter. The facility, to be located on Route 29 near Stringfellow Road, will contain 60 beds and serve up to 20 families at a time. This new shelter will address the critical need for emergency shelter for homeless families in central/western Fairfax County and will also help to alleviate the use of motels, where some families stay while awaiting space in the other county shelters.

Preparation for building the Katherine K. Hanley Family Shelter is underway. The site and architectural firm have been selected. The Planning Commission approved the 2232 application for the shelter after positive recommendations from the Springfield Land Use Committee, the Western Fairfax County Civic Association and the Sully District Council. It is anticipated that the new family shelter will open in early 2006.

- **Blue Ribbon Campaign**

As part of a larger national Blue Ribbon Campaign focusing on preventing child abuse, the department's local campaign continues to assume greater responsibility in educating the Fairfax community on child abuse prevention. The Blue Ribbon Campaign is a cross-program outreach and education effort in the Children, Youth and Family Division. The Fairfax County Board of Supervisors issues a proclamation every spring designating April as Child Abuse Prevention Month.

Other outreach and education efforts for 2003 included:

- Distribution of Blue Ribbon pamphlets, flyers, guides, information packets and bookmarks to school social workers, Fairfax County fairgoers, faith communities and homeowners' associations. This effort received support from Stop Child Abuse Now (SCAN) of Northern Virginia, Cox Communications and Little River Glen Senior Center.
- Advertisement of the Web page for DFS' Blue Ribbon Campaign information in Cox Communications' April billing statement, which was sent to 260,000 Cox subscribers.
- Distribution of Blue Ribbon Campaign message to 11,000 county employees via NewsLink, InfoWeb, and the Courier.
- Revision of the Guide to Summer Fun & Safety, containing information about summer activities and child safety tips. Successful collaboration with county and community partners enabled DFS to print and distribute 27,000 booklets to schools, recreation centers, libraries and the community. Partners included: Department of Community and Recreation Services; Department of Housing and Community Development; Branch Banking & Trust Company of Virginia; Cox Communications; and TRW.

- **Reshaping Children's Services Initiative**

This past year, staff from the Children, Youth and Family Division participated in a human services-wide initiative to redesign children's services to be more cost effective and prevention focused. From that effort, an on-going Prevention Leadership Committee was established to promote and implement prevention activities; provide a forum for collaboration on prevention efforts across human service agencies, schools and community organizations; and promote the use of practices, programs and services with proven effectiveness.

- **Revenue Maximization**

Program areas in the Children, Youth & Family Division have been proactive in continuing to provide high quality services in this difficult fiscal environment. During 2003, the CYF Division, in collaboration with other human services agencies, developed a plan to maximize and efficiently use federal reimbursements under Title IV-E for foster care prevention efforts.

Title IV-E revenue is derived from uncapped federal funding sources. Title IV-E of the Social Security Act authorizes the financial claims process for Human Services departmental expenditures related to case management activities that prevent out-of-home placements. This funding source can be used to help address unmet social service needs through either expansion of existing programs or new initiatives.

The project allows localities to identify administrative expenditures (most client contact work other than counseling) and claim them for 50 percent federal reimbursement. The CYF Division has developed a process to include the appropriate documentation for submitting Title IV-E claims. The Division is using its IV-E revenues to enhance efforts to prevent out-of-home placement for children, focusing on preventing abuse and neglect.

- **Professional Development**

Public social services continues to be a high-stress, high turnover work environment. The department provides opportunities for professional development and supports the recruitment, development, and retention of a diverse professional workforce through both in-house and Virginia Institute of Social Services Training Activities (VISSTA) training events. In addition, several unique, ongoing programs are offered.

- **Masters of Social Work (MSW) Stipends** - Three DFS employees receive stipends that cover a significant portion of the expenses of the graduate degree. Federal IV-E Child Welfare Training funds pay for this program, with a small match from county funds. Employees study as part-time students and, upon graduation, are required to work for a DFS Child Welfare program for two to three years.
- **Licensed Clinical Social Work (LCSW) Training** – Twenty-two DFS employees are pursuing clinical training, in accordance with LCSW regulations, to prepare for the Virginia LCSW exam—the highest practice certification for social workers in Virginia. This training includes both agency and contracted staff to provide clinical supervision. Program participants report increased confidence and more satisfaction with their work; better relationships with resistant clients; improved communication with clients on difficult topics, and overall, more effective casework interventions.
- **Virginia Commonwealth University (VCU) Student Unit** – The department continues its partnership with the VCU Graduate School of Social Work by hosting a student intern unit, located within DFS and staffed by VCU. The unit typically has six graduate students interning in a DFS child welfare program—preparing them for social work practice, streamlining the work of regular DFS employees working with the interns, pre-training potential employees and building the relationship with a highly ranked graduate school.



## ISSUES/TRENDS

Several overarching issues and trends in our community influence services provided and the initiatives undertaken by the Children, Youth and Family Division.

- **Increasing Cultural Diversity**

Fairfax County has experienced significant population growth over the last several years. Census data shows that 73 percent of the population growth in Fairfax County from 1990 to 2000 can be attributed to those born in other countries. The county's demographic composition has now changed to include more families with culturally diverse backgrounds. This population shift brings several challenges for service delivery to ensure that families' needs are being met. For example, the Family and Child Program saw a shift in families they serve who spoke a language other than English in the home from 11 percent in October 1999 to 39 percent in October 2003.

To address the increasing diversity, the department continues to recruit social workers with various foreign language capacities and cultural backgrounds. The regional approach to service delivery will also allow DFS to better address the needs of culturally diverse families. The regional offices provide a more community-based approach to service delivery that is more culturally aware and can be more responsive to differing community and neighborhood needs. It also supports partnerships with schools, community organizations and faith-based groups, which are critical to successful children and family services.

- **Best Practices**

The Children, Youth and Family Division has taken steps to incorporate best practices into daily service delivery and identify areas for improvement.

**Quality assurance** is critical to best practices and to identifying areas for improvement. The CYF Division is developing a more comprehensive quality assurance process. The Structured Decision Making initiative will provide a framework for more efficient, consistent, and valid decision making for child welfare cases. The Program Improvement Plan is another quality assurance activity that will measure our progress toward achieving better outcomes for children and ensuring quality service delivery.

**Regional case staffing teams**, using expertise from all CYF Division programs and from the Self-Sufficiency Division, meet regularly to ensure that best practices are in place for high-risk cases. These teams also work closely with the Family Services Regional Management Teams that guide regional operations and support community-based service delivery. The continued development and use of the regional teams and a strength-based approach in all Children, Youth and Family programs ensure that the department provides services that better reflect the needs of people in their communities.

The CYF Division sponsors the **Permanency Planning Forum**, an interagency forum organized to address the issue of achieving timely permanency for children in foster care. The group meets quarterly and includes: judges; guardians *ad litem*; county attorneys; foster parents; child welfare social workers; representatives from Fairfax County Public Schools and other human service organizations; and Court-Appointed Special Advocates (CASAs). This forum has supported the Program Improvement Plan from the Child and Family Services Review as well as other significant child welfare service delivery efforts.

- **Strategic Planning**  
The CYF Division, in partnership with the Self-Sufficiency Division, has developed a divisional strategic plan that supports the overarching department-wide strategic planning effort. The divisions looked at their common vision, mission, goals and values and developed a three-year strategic action plan based on those elements to support the children of families served. The divisions are planning for the future and ensuring services will meet the needs of the changing population and anticipate the changing demographic landscape.
- **Domestic Violence**  
Domestic violence is known to be a significant factor in child abuse. The Children, Youth and Family Division is committed to addressing all issues that contribute to child risk and family instability. The CPS Hotline and Family and Child Programs are collecting additional data to help assess the co-occurrence of domestic violence and child abuse in our community and guide DFS and collaborative human service and community prevention and intervention efforts.

## **Children, Youth and Family Division CHILD PROTECTIVE SERVICES**

The Child Protective Services (CPS) program is designed to protect children from abuse, neglect and exploitation. Additionally, CPS social workers provide services and support to families, such as counseling, and refer to parenting programs, childcare and other supports to enable children to remain safely in their own homes whenever possible.

### **INITIATIVES/PROGRAM HIGHLIGHTS**

- **Use of Structured Decision Making Model to Prioritize Child Abuse and Neglect Complaints**  
Virginia is implementing a Structured Decision Making (SDM) model statewide and currently is piloting it in the Tidewater region with plans to expand the number of pilots in October 2004. The CPS instruments being piloted include prioritization of complaints, safety assessment and risk assessment. Fairfax County has expressed an interest in being a pilot when the initiative is expanded.  
  
In August 2002, CPS began implementing a structured decision-making model, one part of which is a “decision tree” that incorporates and prioritizes critical factors that lead to a decision about the speed of the response to a valid referral. This model was developed from existing tools currently used by social service departments in Michigan and Minnesota.  
  
In April 2003, CPS began using this model to prioritize child abuse and neglect complaints that are valid reports made to the CPS Hotline. Complaints are designated “Urgent,” “Priority One,” “Priority Two,” and “Priority Three.” Of the 590 complaints assigned from April through June 2003: 8 percent were designated Urgent; 52 percent were Priority One; 21 percent were Priority Two; and 19 percent were Priority Three. This system provides the ability to respond most quickly to families who are most at risk of serious abuse and neglect, ensuring that resources are assigned where needed and that all complaints receive an appropriate and timely response.

- **Childhelp USA Children's Center of Virginia Expands Services**

The Childhelp USA Children's Center of Virginia, established in June 2002, serves as an innovative, child-friendly facility offering a continuum of services to reduce the incidence and severity of child sexual abuse and provide sexual abuse assessment, investigation, intervention, and treatment services to children and families. The center includes representatives from Childhelp, Fairfax County Police Department, the Department of Family Services, the Fairfax-Falls Church Community Services Board, the Office of the Commonwealth's Attorney of Fairfax County, Inova Fairfax Hospital for Children, and Hispanics Against Child Abuse and Neglect (HACAN).

During 2003, collaboration increased and services expanded. The Community Services Board's Youth and Family Services program began providing assessment and treatment to victims of sexual abuse; sexual abuse nurse examiners (SANEs) began conducting non-acute sexual abuse examinations; a local physician from the Inova Forensic Assessment and Consultation Team (FACT) began providing physical examinations; and police forces from jurisdictions in addition to Fairfax began using the facility. In addition, the center now provides services to victims of serious physical abuse and neglect.

- **Interjurisdictional Reviews of High-Risk Child Welfare Cases**

The Fairfax County Child Protective Services staff continues to work with Arlington County and the City of Alexandria in the interjurisdictional review of high-risk child welfare cases. This process continues to enhance cross-jurisdictional working relationships and identifies systems issues common to all three jurisdictions. It is an important component of our quality assurance system.

- **Sexual Abuse Professional Practices Team Develops Manual**

The Sexual Abuse Professional Practice Team (SAPP) was formed by the Department of Family Services in February 2001 to develop standardized intervention practices and to enhance the quality of services provided to children and families who have experienced sexual abuse. The self-directed, cross-program team is composed of staff from Child Protective Services, Foster Care and Adoption, Family and Child Services, and Adult and Aging Services. During FY 2003, the SAPP team developed a manual to provide social workers with tools and resources to enhance their skills in addressing sexual abuse issues. Training was offered to all Children, Youth and Family staff with the goal of assisting social workers in understanding the unique interventions required to work with families with sexual abuse dynamics. The manual addresses the unique challenges in addressing sexual abuse in each program area.

- **State-Mandated Teacher Training**

Effective July 1, 2004, Virginia teachers will be required to complete training on child abuse and neglect recognition and intervention as part of their licensure process pursuant to 22.1-298 of the Code of Virginia. The Virginia Board of Education and the Virginia Department of Social Services collaborated to develop curriculum guidelines that address recognizing child abuse and neglect; reporting child abuse and neglect; and interdisciplinary intervention following a child protective services investigation.

Institutions of higher education and local educational agencies and other entities employing persons licensed by the Board of Education are free to design and implement the training in any manner, as long as the information presented conforms to the guidelines. In Fairfax

County, CPS staff has partnered with the schools to provide this training and has offered it to several schools with plans to expand the training county-wide.

## Program Statistics

- **Child Protective Services Hotline**

Social workers on the CPS Hotline receive reports of alleged abuse and neglect by phone, in person or through other county agencies. Hotline social workers request specific information about the alleged abuse or neglect, assess the information and determine whether the situation meets the criteria for CPS intervention. If the situation meets the state definition of “abuse” or “neglect,” the complaint is assigned to a CPS social work investigator/assessor.

### Telephone Calls to the CPS Hotline\*

FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003
26,145	16,836	16,326	24,001	30,879	31,749

\* Figures from FY 1998 reflect calls to and from the Hotline. Figures from FY 1999-2003 reflect calls to the Hotline only. Increased calls in FY 2001 and subsequent years resulted from the change to a more accurate automated call system and reflect an increase in citizens reporting incidents, requesting help and needing information and referrals.

- **CPS Investigations and Assessments**

Social workers in CPS are responsible for investigating or assessing allegations of child abuse and neglect and providing needed short-term services. They visit the site where the alleged abuse has occurred; interview the alleged victim and alleged perpetrator and other relevant witnesses; assess the situation; determine the needs of the family; ascertain whether abuse or neglect occurred (investigations only); and provide appropriate services. Effective May 2002, Fairfax County implemented the differential response system, allowing flexibility in responding to reports of abuse and neglect, while considering the severity of the report, immediacy of child safety concerns and family needs.

Valid CPS reports are considered for an investigation response when there are immediate child safety concerns and/or the type of report is required by the Code of Virginia to be investigated, including, but not limited to, sexual abuse; fatalities; serious injuries; hospitalization due to abuse or neglect; physical abuse requiring medical evaluation; abandonment; injury due to use of weapons such as guns or knives; and institutional abuse or neglect. The family assessment response shifts CPS intervention from an incident focus to a service delivery focus that supports parents in meeting their children’s safety and developmental needs.

### CPS Investigations/Assessments Per Year\*

FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003*
2,777	2,797	2,521	2,427	2,302	2,022

\* Of the 2,022 reports made to the Hotline, 23 percent (466) were investigations; 75 percent (1,518) were family assessments; and 2 percent (38) were interviews for other child protective service agencies.

- **Ongoing Treatment Services**

Social Workers in CPS Ongoing Treatment Units are responsible for providing ongoing services in serious situations in which the child remains in the home and may be at risk for future abuse or neglect. Approximately 84 percent of these cases involve court-ordered monitoring of families experiencing serious child abuse, neglect or sexual abuse.

In these cases, social workers conduct safety and risk assessments focusing on factors related to the child, parent and family environment; maltreatment; and intervention. Many of these families have multiple problems and are involved with multiple service providers. Social Workers from the Ongoing Treatment Units collaborate with the family and service providers to develop specific interventions to address the family's needs and goals.

Strategies are put into place to reduce risk and increase safety for the child. For example, families experiencing substance abuse are referred for assessment and treatment through Alcohol and Drug Services and families experiencing mental health issues are referred to assessment and treatment through local mental health providers. Families who do not speak English are referred for services to a bilingual and, whenever possible, bi-cultural, provider.

**Average Number of Families Receiving Ongoing Treatment Services Each Month**

FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003*
266	289	289	280	292	225

\* The Family and Child Intensive Services Program has been working with increasing numbers of at-risk families, allowing CPS to focus on court-ordered situations.

## ISSUES/TRENDS

- **Custody Disputes**

The CPS Hotline has initiated a system to track the number of reports of child abuse and neglect that included custody disputes. Contentious custody disputes can significantly impact children, and we are working with the Juvenile and Domestic Relations District Court to assess the opportunities to ameliorate these situations.

- **Online Automated Statewide Information System (OASIS)**

OASIS continues to improve, however the local CPS program is limited in the amount of data currently available. This results in multiple tracking systems, discrepancies in the data and a limited capability to observe trends.

The next version of OASIS, expected in late summer 2004, will provide CPS workers with the capability of creating chronological narrative in the investigation and creating service plans in OASIS. Ongoing CPS workers will be able to document their casework in OASIS and will receive training before the version release.

The Virginia Department of Social Services has begun to move OASIS data from Fairfax and a few other jurisdictions into a data warehouse. This will provide information for these localities to run any locally designed reports from this data, as necessary. The initial movement of this information is planned for June 2004, and will also allow some-cross reporting between information entered into OASIS and ADAPT.

**Children, Youth and Family Division**  
**FOSTER CARE AND ADOPTION SERVICES**

Foster care is the provision of substitute care and rehabilitative services for children temporarily separated from their parents. Foster care can be provided until a child is returned to the family or is placed in an adoptive home or other permanent living arrangement. Children may be placed in a variety of settings, including foster homes, group homes, hospitals and residential treatment facilities.

Adoption services include counseling to birth parents and preparing for and placing a child into an adoptive home when all attempts to return the child to his or her birth family are unsuccessful. Support in the form of subsidy payments, therapy, and other social services are provided to adoptees and adoptive parents before and after an adoption is finalized.

Workload and program outcomes in the Foster Care and Adoption Services are significantly influenced by:

- The Federal Adoption and Safe Families Act (ASFA) of 1997, which seeks to decrease the time it takes to achieve permanent placement plans for children in foster care and to increase adoption and other permanent placements, and
- Virginia's Court Improvement Legislation of 1997, which follows federal mandates to ensure the review of each child in foster care every six months and the achievement of a permanent plan within 14 months of entry into foster care.

**INITIATIVES/PROGRAM HIGHLIGHTS**

**Foster Care**

- **Decrease in the Number of Children in Foster Care**

The following chart highlights foster care statistics:

**Monthly Average Number of Children in Foster Care**

<b>FY 1998</b>	<b>FY 1999</b>	<b>FY 2000</b>	<b>FY 2001</b>	<b>FY 2002</b>	<b>FY 2003</b>
658	617	571	507	496	475

The foster care caseload is driven, in large part, by the rate of entry of children into foster care. The FY 2003 monthly average number of children in foster care reached a low of 475 as of June 30, 2003.

**Number of Children Entering Foster Care**

<b>FY 1998</b>	<b>FY 1999</b>	<b>FY 2000</b>	<b>FY 2001</b>	<b>FY 2002</b>	<b>FY 2003</b>
199	239	207	200	186	177

The number of children who entered foster care during FY 2003 (177) was 22 fewer than those exiting foster care that year (199). The trend of children exiting foster care at a greater rate than those entering foster care has continued for the past eight years.

The decrease in the average monthly number of children in foster care is attributable in large part to the lower rate of entry into foster care coupled with the requirement to meet tighter legal timeframes for achieving permanent placement plans for children.

Of the 199 children who exited foster care during FY 2003:

- 43 percent were returned home;
- 19 percent were placed in the custody of relatives;
- 12 percent were placed for adoption.

The remaining 26 percent exited for reasons such as turning 21 years old or refusing to remain in foster care after turning 18. The average age of the children exiting foster care was 12.2 years, nearly two years older than the children exiting foster care during the previous fiscal year. The median length of stay in foster care for those children was 1.9 years, or an additional .3 of a year more than the children exiting the previous year.

- **Independent Living Services**

Adolescents in foster care, especially those who have been in care for a number of years, face numerous challenges in preparing to become self-sufficient adults once they leave the foster care system. Without proper services, these children are at risk of homelessness, unemployment, incomplete education, and untreated illnesses. All children in foster care between 16 and 21 may receive a range of services to help them transition to independent living, such as career and employment counseling, work training programs, supervised apartment living, educational coaching and the support of mentors.

The Foster Care program is serving more older children. As of June 30, 2003, 161 (39 percent) of children in foster care were age 16 and over, an increase of 6 percent over the previous fiscal year. Older youth who enter foster care often have severe emotional or behavioral difficulties that require long-term treatment. Many of them do not return home but, rather, leave foster care to independent living arrangements.

- **Strategies to Facilitate Permanency Planning for Children in Foster Care**

The goal of foster care is to safely return the child home or, if that is not possible, to place the child permanently in another home such as a relative's home or an adoptive home. This process, called permanency planning, must be completed in most cases within the 14 to 20-month timeframe established through federal and state legislation.

Implementation of a strategy known as concurrent planning continued for a second year during FY 2003. Concurrent planning is considered to be a best practice in the delivery of foster care services. It facilitates timely permanency planning and is used for children whose prognosis for returning home is poor. This strategy is the process of working towards family reunification while, at the same time, developing and working towards an alternative permanent plan. Birth parents are involved in identifying the next best permanent placement plan, should the child not be able to be returned home within the allowable timeframe. The alternate plan, e.g., placement with a relative or placement for adoption, is written into the child's service plan and is approved by a judge.

Fairfax County is the first and only jurisdiction in Virginia to formally practice concurrent planning. As a forerunner in this area, the department is serving as a consultant to the Virginia Department of Social Services and other local jurisdictions in their implementation of concurrent planning.

- **Foster and Adoptive Home Recruitment and Training**

***Ongoing Recruitment and Retention Efforts***—Ongoing recruitment and retention of foster/adoptive families are critical in building and maintaining a pool of families. This area remains a challenge, both locally and nationally. In spite of significant efforts, the Fairfax pool declined by nine homes in 2003. Of equal concern, the pool of African-American homes has declined by 2 percent during 2003, while the percent of African-American children in foster care increased by 1 percent in FY 2003.

### **Cultural Diversity in Foster Care Homes**

<b>Race/Ethnicity</b>	<b>196 Foster Families as of 12/31/02</b>	<b>187 Foster Families as of 12/31/03</b>		<b>496 Children in Foster Care as of 6/30/02</b>	<b>468 Children in Foster Care as of 6/30/03</b>
<b>Caucasian</b>	65%	64%		31%	30%
<b>African-American/Bi-Racial</b>	29%	27%		52%	53%
<b>Hispanic</b>	4%	6%		13%	14%
<b>Asian</b>	2%	3%		4%	3%

The department works to increase the cultural diversity of foster homes through culturally sensitive recruitment efforts and partnerships with community organizations, businesses, and places of worship. Using federal pass-through funding, the department has contracted with a marketing consultant to assist in the development of a strategic recruitment plan that targets certain neighborhoods and media channels for reaching minority foster/adoptive families.

The training and home study process for foster and adoptive parents remains state-of-the-art. The department uses the Parent Resources Information Development Education (P.R.I.D.E.) training program developed by the Child Welfare League of America. Pre-service and in-service training curricula for parents and staff use a competency-based approach to prepare parents for fostering and adopting. Training efforts are supported by a federal Title IV-E pass-through grant.

The department requires each foster parent to participate in a minimum of six hours of in-service training per year on topics such as effective discipline intervention techniques, developing “life books” with children, the effects of chemical dependencies on neonatal development, communicable diseases, and helping children build positive attachments.

As of January 2002, most families are being dually licensed as foster and adoptive parents. These families are called “resource families.” An important part of the concurrent planning initiative being implemented by the Foster Care and Adoption Program is the availability of resource families. Such a family may accept a child into their home as a foster care placement and will support the goal of return home, while making a commitment to adoption



should the child eventually need an adoptive home. Placement of children earlier into what could become their permanent homes helps to promote healthier attachments and placement stability for children.

***Initiative to Increase Adoptive Homes for Hard-to-Place Children***—To address the insufficient number of adoptive families, in Fall 2003, DFS entered into a partnership with Kidsave International, a Washington, D.C. and Los Angeles-based nonprofit corporation, to find permanent homes for hard-to-place children who are in the foster care system. The local program, Kidsave Fairfax Weekend Miracles, will provide children who have adoptive plans with the opportunity to spend weekends with host families who will help advocate for the foster care youth's adoption.

The goal of the program is to enable families to meet adoptable children through weekend visits with "host families," to introduce children to families who might be interested in adopting them, and to find each child who desires to participate in the program a permanent family. Over 85 percent of the children waiting for permanent families are African-American, so the focus of the activities of the program will be primarily in the African-American community. This program will be modeled after the Kidsave International Summer Miracles Program which has found adoptive homes over the past six years for nearly 1,000 children from Russian and Bolivian orphanages. The Weekend Miracles initiative will combine the marketing and communication expertise of Kidsave International with the social work skill of the foster care and adoption program staff.

- **Revenue Sources for Services to Children in Foster Care**

The department continues its ongoing efforts to maximize federal entitlement programs and child support to offset child welfare expenditures. The average proportion of children in foster care eligible for federal Title IV-E dollars (with eligibility determined by family income, family composition and other factors) was 54 percent for FY 2003, an increase of 9 percent from FY 2002. The increase is attributable in part to changes in interpretation of Federal Title IV-E policy regarding eligibility criteria by the Virginia Department of Social Services.

In FY 2003, the average monthly percentage of the children in foster care who receive Supplemental Security Income (SSI) and other Social Security benefits was 21 percent, compared to 18 percent in FY 2002. Efforts to access SSI and Social Security benefits include a continuous reevaluation of each child for the possibility of obtaining benefits as the child's circumstances change. In FY 2003, the average percentage of children in foster care with a child support order was 75 percent, which is unchanged from FY 2002.

## **Adoption**

- **Finalized Adoptions**

As of December 31, 2003, there were 113 children in foster care with the goal of adoption. This number represented 24 percent of the children in foster care, or an increase of 4 percent over the previous year.

The number of finalized adoptions during FY 2003 (27) declined for the fourth year in a row. This decline is attributable in large part to the steadily declining monthly average number of children in foster care but also to the insufficient pool of adoptive homes.

#### **Finalized Adoptions – Fairfax County Foster Care Youth**

<b>FY 1998</b>	<b>FY 1999</b>	<b>FY 2000</b>	<b>FY 2001</b>	<b>FY 2002</b>	<b>FY 2003</b>
49	67	63	50	46	27

- **Child Placement and Adoptive Home Recruitment Efforts**

The department approved 36 families as adoptive families during FY 2003, an increase of five families over the previous year. As of December 2003, the department had 31 children awaiting identification of an adoptive home, compared to 34 children waiting at the end of 2002.

The federal Adoption and Safe Families Act requires more timely terminations of parental rights. The shortened timeframe to place children for adoption has placed pressure on the pool of available adoptive homes. While the composition of the waiting children changes from month to month, the children who wait the longest tend to be African-American, male, school-aged and part of a sibling group. In addition, children waiting for adoptive families often have educational delays, behavioral problems, a history of sexual abuse and medication needs.

Recruitment efforts on behalf of African-American children awaiting adoptive placements include presentations at community fairs, town meetings, churches, businesses, and social organizations. A child-specific recruitment campaign—“The Eight Who Wait”—for the most challenging children continued during 2003. Through these efforts, adoptive families were identified for three of “The Eight Who Wait”—a sexually abused 13-year-old youth with severe attachment problems; an 11-year-old sex offending youth; and a 10-year-old youth with attention deficit and hyperactivity disorder. They waited 2.3 years, 1.5 years, and 3.5 years respectively for adoptive families.

- **Increase in Children Receiving Subsidized Adoption Services**

Families who adopt children with special mental, emotional and medical needs are entitled to receive ongoing casework support from the department as well as federal and state financial assistance to enable the permanent placement of these children. Support includes home-based services, counseling and treatment, childcare, health and education services, respite care, transportation services and quality assurance for services received. The number of post-final order subsidy cases continues to grow as the adoptions of children are finalized, because most children are eligible to receive assistance until age 21.

#### **Active Adoption Subsidy Cases (Post-Final Order)**

<b>FY 1998</b>	<b>FY 1999</b>	<b>FY 2000</b>	<b>FY 2001</b>	<b>FY 2002</b>	<b>FY 2003</b>
336	394	437	496	520	522

Numbers are the total at the close of each fiscal year.

## **ISSUES/TRENDS**

### **Cultural Diversity of Foster and Adoptive Parents**

Efforts will continue to recruit foster and adoptive families that reflect the cultural diversity of the children in foster care. Partnerships with community organizations and businesses are an important aspect of this effort. African-American and Hispanic families are particularly needed. Marketing strategies will be used in this effort.

### **Length of Time to Achieve Adoption**

The median length of time for children remaining in foster care at the end of FY 2003 was 2.14 years. The median length of time in care for children leaving foster care during FY 2003 for purposes of adoption was 3.15 years. It is a goal of the program to decrease the length of time it takes to achieve adoption by streamlining the adoptive home study process, by strengthening the practice of concurrent planning, and by finding permanent homes through the Kidsave Fairfax Weekend Miracles initiative.

## **Children, Youth and Family Division FAMILY AND CHILD SERVICES**

Programs in Family and Child Services are designed to improve family functioning and increase Self-Sufficiency in families who are at moderate to high risk of child abuse, neglect or family dissolution. These families may be struggling with a number of complex issues that have destabilized the family structure, such as family violence; poor parenting; substance abuse; mental or physical illness; and/or homelessness.

This program area is responsible for completing home studies and for providing homeless shelter and transitional housing services. Also included in this program area is the emergency assistance funding for the agency.

## **INITIATIVES/PROGRAM HIGHLIGHTS**

- **Intensive Services**

Helping families is the focus in Intensive Services. Social workers continue to work with families who are referred to them by such agencies and groups as Child Protective Services (CPS); Foster Care; Adult and Aging services; Public Schools; Department of Systems Management for Human Services- Coordinated Services Planning (CSP); Fairfax Area Christian Emergency and Transition Services (FACETS); and through the Child Specific Team (CST) process.

Social workers provide an array of services to families: comprehensive assessment; case management; counseling; parent training and education; linkage to other services; monitoring of purchased services; life skills training; court-ordered home studies; and protective supervision. Judges generally order protective supervision when they deem that a family may be unwilling to voluntarily comply with a service plan.

Family and Child social workers provide protective supervision to families whose children have been returned to them from foster care and families who have a child or children in

foster care, and have other children residing with them. The social workers partner with the families in meeting the requirements of the court order.

In 2003, the Family and Child performance measure was changed, with the focus directed toward measuring whether families achieved improvement in family functioning and well being after receiving intensive services. Comparing the families' assessment scores at intake with the reassessment scores which were completed at case closure provided the information needed to determine whether families demonstrated improvement in various life domains—parent-child relationships, partner relationships, mental and physical health, financial situation, housing, and community involvement. In 2003, preliminary data showed that 74 percent of the families had achieved improved functioning.

- **Homeless Services**

*Shelters*—In FY 2003, Fairfax County homeless shelters, which are operated by community non-profit organizations, served 2,286 people, including 179 families with children for a total of 498 people in families. The average length of stay in the shelters for single individuals (Eleanor Kennedy Shelter, Bailey's Shelter, Embry Rucker Shelter and Mondloch I) is 43 days. The average length of stay in family shelters (Mondloch II, Shelter House and Embry Rucker) is 113 days. Of the unaccompanied adults in shelters, 82 percent have a mental illness and/or a substance abuse problem.

#### **Total Number of Homeless Persons Served in the Emergency Shelter System**

	<b>FY 1999</b>	<b>FY 2000</b>	<b>FY 2001</b>	<b>FY 2002</b>	<b>FY 2003</b>
<b>Individuals</b>	1,739	1,552	1,751	1,916	1,788
<b>Persons in Families</b>	491	547	417	510	498
<b>Total</b>	<b>2,230</b>	<b>2,099</b>	<b>2,168</b>	<b>2,426</b>	<b>2,286</b>

When space is not available at the county-funded shelters and no other housing alternatives exist, homeless families with children are served in motels. In addition to DFS, various community partners work together to provide services to families while they await placement in the shelter—Family Shelter staff, Coordinated Services Planning staff, and Fairfax Area Christian Emergency and Transition Services (FACETS).

#### **Homeless Persons in Motels**

	<b>FY 1999</b>	<b>FY 2000</b>	<b>FY 2001</b>	<b>FY 2002</b>	<b>FY 2003</b>
<b>Number of Families</b>	202	204	192	180	131
<b>Number of Persons</b>	653	709	724	647	431

Motel expenditures have been managed since 2002 through imposing a cap of 19 rooms per night. Family Services staff negotiated a reduction in room rates at the motels, which also produced a savings, and has helped to keep motel expenditures within budget. Additionally, in October 2002, FACETS expanded its services to provide outreach and case management to families on the shelter waiting list who are most likely living with friends or family in overcrowded, stressful living arrangements.

In 2003, DFS continued to facilitate meetings with the shelter directors, Fairfax-Falls Church Community Services Board (CSB) managers and other service providers who work with the homeless to enable a comprehensive approach to addressing the needs of the residents in the shelters. These meetings focus on information sharing, policy development and problem resolution. During 2003, as a result of these efforts, CSB assigned a psychiatrist to the Eleanor Kennedy Shelter four hours a week. With a psychiatrist at the shelter, more persons with mental illness are willing to accept psychotropic medications, and greater service options are available.

The Family Shelter Policy and Best Practice meeting, held quarterly, includes family shelter directors and shelter staff, DFS, Coordinated Services Planning, Fairfax Area Christian Emergency Transitional Services (FACETS), Department of Housing and Community Development (HCD) and staff from Fairfax County Public Schools, as well as staff from non-profit organizations that provide case management services to transitional housing programs.

In 2003, this group addressed various issues, such as: developing strategies for maximizing use of shelter bed space; developing a consistent “warning system” that all family shelters use to manage behavior and infractions; supporting the consistent use of Family Shelter Planning Teams (a case staffing that includes a family and all service providers); and incorporating into the shelter intake process the new outreach service offered by FACETS to families on the waiting list.

In 2003, the Family Shelter Policy and Best Practice group expanded its participating membership, which resulted in increased and improved collaboration among staff serving homeless families. The DFS Shelter Liaison social worker, Homeless Services analyst and Housing Coordinator meet regularly with direct services shelter staff, FACETS, CSP staff and staff from community-based organizations to provide technical assistance, support and consultation, and enhanced connectivity among all involved.

*Transitional Housing*—The department continued to administer two transitional housing HUD grant programs: the Community Housing Resource Program (CHRP), and Reaching Independence through Support and Education (RISE). The department’s nonprofit partners (Northern Virginia Family Service, Reston Interfaith, Shelter House, United Community Ministries and New Hope Housing) operated these programs, which provide supportive services to high-risk formerly homeless families in scattered-site, community-based housing. All programs received approval for renewed one-year funding by HUD during the year.

During 2003, 27 families successfully completed the transitional housing program—meaning they transitioned into permanent housing, often with the help of housing programs such as Section 8 and Public Housing.

- **Emergency Assistance**

Emergency assistance provides eligible families and individuals with a grant or loan to help with rent or mortgage, security deposits, utility payments, storage or moving expenses. The Department of Systems Management for Human Services (DSM) is responsible for

completing the screening process for emergency assistance and accessing the funds to assist families and individuals in need. They are the primary screeners for emergency assistance funds, although DFS social workers continue to access these funds for families and individuals with whom they work. In 2001, DFS and DSM worked together to develop strategies for managing emergency assistance expenditures. These strategies continue to be effective.

## **ISSUES/TRENDS**

### **Lack of Affordable Housing**

The lack of affordable housing in Fairfax County remains a serious problem and a significant stressor on low-income families, making it more difficult for them to remain stable and meet the needs of their children.

There continue to be significant waiting lists for Section 8 and Public Housing, permanent supportive housing and other support services programs for both individuals and families. Lack of affordable housing has led to a critical need for increased shelter capacity. While the county's population has grown by close to 192,000 (23 percent) since 1991, shelter capacity has not increased in that same period. The waiting list for family shelters is more than 50 families. When shelter space is not available, families with no other housing options currently are placed in motels to await shelter placement. Plans are well underway to construct the Katherine K. Hanley Family Shelter, which will be ready for occupancy in 2006.

There also continues to be a lack of permanent supportive housing to serve persons with serious mental illness and/or chronic substance abuse. This results in longer lengths of stays in the shelters, and less capacity to provide emergency shelter.

## **Children, Youth and Family Division CHILD ABUSE PREVENTION SERVICES**

Throughout the Children, Youth and Family Program, services are focused on strengthening families and preventing abuse and neglect. In Child Abuse Prevention Services, however, specific programs have been developed to enhance the department's prevention efforts.

Child Abuse Prevention Services support families, particularly those at risk of child abuse or neglect, through community-based, family-focused prevention and early intervention services. They are important because the long-term effects of child abuse and neglect can be serious and long-lasting. These can include lowered academic achievement, increased risk of drug use, teen pregnancy, juvenile delinquency and adult criminality.

These consequences incur huge costs to society through lost productivity and expenses for mental health and substance abuse treatment programs, police and court interventions, correctional facilities and public assistance programs. Investing in prevention programs is cost effective: With a relatively small outlay, up-front expenditures for expensive rehabilitative services for children and families can be reduced or avoided.

## INITIATIVES/PROGRAM HIGHLIGHTS

Child Abuse Prevention Services use four primary strategies: One-to-one education of family members; group-based parenting education conducted at community sites, such as schools and churches; drop-in, neighborhood-based service delivery and coalition building to improve family and community conditions; and community-wide public education and awareness initiatives, as described below:

- **One-To-One Education and Support of Families/Family Members**

Three programs provide one-to-one education and support of families and their members: Healthy Families Fairfax, the BeFriend -A-Child Program, and the BeFriend-A-Parent Program.

*Healthy Families Fairfax* is a home-based early intervention and prevention program offering first-time parents at risk of maltreating their child an opportunity to learn parenting skills and receive emotional support and case management services. Accredited through the National Council on Accreditation and Healthy Families America, the program provides intensive in-home services to expectant and new parents who are at risk of child abuse or neglect to ensure healthy child development and family functioning.

Key objectives of the program include: promoting positive parent-child interaction; promoting healthy child development in early childhood; preventing child abuse and neglect; providing pre- and post-natal health care; promoting healthy family functioning by teaching parenting and problem solving skills; and reducing family stress by improving the family support system.

Healthy Families Fairfax has been supported over the years through a partnership between DFS, the Health Department and three nonprofit organizations: Northern Virginia Family Service, United Community Ministries (UCM) and Reston Interfaith. (A fourth nonprofit, Abilities Network, Inc. was also involved in the program, but because of changing priorities, they discontinued involvement as of June 2003. The service capacity they had provided was transferred to UCM.) In addition, program support comes from contributions from corporate and foundation donors, including a significant contribution from the Freddie Mac Foundation that continues through FY 2003 and FY 2004.

In 2003, Healthy Families Fairfax received two prestigious awards: In April, the program received the National Association of Counties (NACO) *Counties Care For Kids* Award, honoring exceptional work to ensure children and families in the community are served. In November, HFF received the Leadership Fairfax, Inc. Community Partnership Award for outstanding leadership in the successful collaboration of a public/private partnership.

### Healthy Families Fairfax

	FY 2001	FY 2002	FY 2003
<b>Number of families served</b>	534	604	649
<b>Number of children served</b>	337	391	449

Note: the number of children does not coincide with the number of families because families are enrolled before the child is born and can be in the program for up to 9 months before their child is counted as a “child served.”

**BeFriend-A-Child** is a program for mentoring children who are at risk for abuse or neglect. Adult volunteers provide mentoring, companionship, support, guidance and advocacy through “one-to-one” and group activities with a child. Mentors help the child develop “protective capabilities” by helping them develop positive self-esteem, hobbies and interests; decision-making skills; and a sense of responsibility.

### BeFriend-A-Child Program

<b>Cumulative Data</b>	<b>FY 2001</b>	<b>FY 2002</b>	<b>FY 2003</b>
<b>Number of new matches</b>	23	32	27
<b>Number of children served</b>	55	60	69
<b>Number of matches ended *</b>	25	18	21

\* Common reasons for matches ending include: mentee’s family moves; mentor moves; mentees “age out” of the program; and/or health concerns.

**BeFriend-A-Parent** volunteer mentors befriend an adult client of the department to build a trusting relationship and work together on parenting and personal needs and skills. This mentoring program, established in Spring 2001, provides a one-to-one match between parents who are at risk for abusing or neglecting children with volunteer mentors for at least one year, 8-10 hours/month. Mentors model parenting competence and good coping skills. Goals include: increasing parent self-esteem; decreasing stress and isolation, and helping parents rely less on their children to meet their emotional needs.

### BeFriend-A-Parent Program

	<b>FY 2001*</b>	<b>FY 2002</b>	<b>FY 2003</b>
<b>Number of new matches</b>	N/A	8	10
<b>Number of parents served</b>	N/A	8	15
<b>Number of matches ended**</b>	N/A	3	8

\* Since FY 2002 was the first full year for BeFriend-A-Parent, FY 2001 data is not available.

\*\* Common reasons for matches ending include: the mentoring period ends and partners decide not to continue on a formal basis, but may continue informally; or mentee does not follow through on commitment.



- **Group Based Education and Support**

Two programs provide group-based education and support: the Nurturing Parenting Program and the *Good Touch, Bad Touch* Program.

***The Nurturing Parenting Program*** is a structured group and educational experience for parents, adolescents and children. In partnership with our community, the program addresses parents' needs for nurturing and for parenting their children and provides concurrent learning experiences for children. The curriculum helps participants develop empathy, increase self-awareness, promote responsible behavior in children and establish developmentally appropriate expectations of children.

This past year, the program's capacity to offer groups was maintained in part due to partnerships established with coalitions of faith groups in Springfield and Mt. Vernon (Without this support, the number of groups held in FY 2003 would have been fewer than 15.) The groups coordinate among themselves to provide space for parenting classes, meals for the families who are attending evening classes, and volunteers to be trained to facilitate classes and child care.

#### **Nurturing Parenting Program**

	<b>FY 2001</b>	<b>FY 2002</b>	<b>FY 2003</b>
<b>Number of families served</b>	94	145	152
<b>Number of parents served</b>	122	194	199
<b>Number of children served</b>	153	229	226
<b>Number of children served in child care*</b>	N/A	48	61
<b>Number of groups held**</b>	12	15	15

\*Children served in child care were not included in count prior to FY 2002.

\*\* Three groups were held in Spanish in FY 2001, four in FY 2002, and three in FY 2003. All others were in English.

***Good Touch, Bad Touch*** is a comprehensive child abuse prevention curriculum to teach pre-school and kindergarten through 6th grade students the skills that play a major role in preventing or interrupting child abuse/sexual abuse in their own lives. Children are taught what abuse is; are given prevention skills, including personal body safety rules; and are motivated into action if threatened. Prevention staff, along with other CYF Division staff, were trained in facilitating the Good Touch, Bad Touch curriculum with children and families with whom they work. Sessions will begin in May 2004.

- **Neighborhood-Based Organizing and Coalition Building to Improve Family and Community Conditions**

Two programs that promote neighborhood-based organizing and coalition building are the Family Resource Centers and Neighborhood Networks Programs.

***Family Resource Centers*** offer culturally sensitive, prevention-focused programs. The primary goal is to strengthen families in their own neighborhoods by providing parents with opportunities to learn and improve their skills in raising and nurturing their children.

Together with multiple county agencies, community organizations and volunteers, DFS provides staff and programs for four Family Resource Centers. During FY 2003, DFS helped coordinate staff and services for the center at Crestwood Elementary School.

**Family Resource Center Drop-In Visitors and  
Program Participants (duplicated count)**

Site	FY 2001	FY 2002	FY 2003
<b>Culmore</b>	8,242	13,809	12,163
<b>Springfield</b>	8,418	14,535	13,606
<b>Lorton</b>	1,800	2,171	3,362
<b>Crestwood</b>	N/A	N/A	4,130
<b>Total</b>	18,460	30,515	33,261

Note: The increase between FY 2001 and FY 2002 at the Springfield Resource Center was a result of an increase in numbers at the Alcoholics Anonymous (AA) group and an improved process for tracking drop-ins, particularly those in the AA group. The increase at the Culmore Center between FY 2001 and FY 2002 was a result of program growth and improved data tracking abilities by Culmore United, a drop-in alcohol and drug abuse prevention program for men.

***Neighborhood Networks (NN)*** is collaboration between DFS and County Public Schools. Families nominated by the schools for this program are strong families who are committed to good parenting and stability and who encourage their children to work for a better life. Working with school counselors, social workers, teachers, and school staff, NN educates families about, and connects them to, support systems. In addition, this program seeks to build leadership skills in families, helping them to become resources in their communities. In FY 2003, Riverside and Dogwood Elementary Schools formed new partnerships with Neighborhood Networks, joining the three existing partner elementary schools -- Woodlawn, Woodley Hills and Terraset.

**Neighborhood Networks**

	FY 2001	FY 2002	FY 2003
<b>Number of children served</b>	43	58	69
<b>Number of families served</b>	12	16	21
<b>Number of partner schools</b>	3	3	5

- **Engaging the Community through Public Awareness and Education**

Two groups educate professionals and the public about child abuse and neglect prevention: the Early Intervention Strategy Team and the Blue Ribbon Campaign Committee.

***The Early Intervention Strategy Team (EIST)*** was established in November 1996 to address the disproportionate representation of young African-American children in the Fairfax-Falls Church area needing out-of-home services. The team was charged with identifying reasons for this disproportionate representation and developing individual,

family, school, and community early intervention strategies for working with at-risk African-American children and their families.

The EIST incorporates small group dialogue and engages frontline workers in learning from their own and others' experiences. The anticipated outcome of EIST offerings is that service providers integrate awareness of the African-American culture and early intervention philosophy into their service delivery.

#### **EIST Trainings**

	<b>FY 2001</b>	<b>FY 2002</b>	<b>FY 2003</b>
<b>Number of trainings</b>	6	4	4
<b>Number of trainees</b>	80	44	65
<b>Number of agencies involved</b>	N/A	5	11

***Blue Ribbon Campaign Committee*** -- This public education effort, led by DFS, involves other county agencies, schools, community organizations and businesses in promoting community-wide awareness about how to prevent child abuse and neglect. In 2003, this committee coordinated distribution of thousands of "Blue Ribbon" child abuse prevention materials throughout the community.

- **Engaging the Community by Involving Volunteers and Donors in Child Welfare Programs**

Although all Child Abuse Prevention Services programs involve partners, donors and volunteers, two programs are specifically designed to involve volunteers and donors in child welfare programs: the Volunteer Services Program and the Children, Youth and Family Donor/Holiday Spirit Program.

***The Volunteer Services Program*** promotes and supports the well-being of families and individuals in the community by providing trained and dedicated volunteers to work with the Division's programs and the families they serve. ***The CYF Family Donor/Holiday Spirit Program*** accepts both year round donations -- from businesses, community organizations and individuals for children in foster care and other child welfare programs who otherwise might not receive gifts of needed clothes and other essentials -- as well as seasonal donations (Holiday Spirit) specifically for donations of gifts to children in foster care.

#### **Donor Contributions**

	<b>FY 2001</b>	<b>FY 2002</b>	<b>FY 2003</b>
<b>Value of donations collected*</b>	\$264,834	\$283,426	\$237,698
<b>Total number of donors</b>	141	153	194

\* Of the above totals, Holiday Spirit collected donations of \$149,928 during FY 2001, \$145,077 during FY 2002 and \$112,561 for FY 2003.

**THIS PAGE INTENTIONALLY LEFT BLANK.**

**Department of Family Services**  
**SELF-SUFFICIENCY DIVISION**

The Self-Sufficiency Division administers and operates several federal, state and local public assistance and employment programs. Public assistance programs provide financial and medical assistance to eligible low-income individuals and families. Employment programs provided under contract with the Northern Virginia Workforce Investment Board (NVWIB) assist employers and job seekers in meeting their workforce or employment needs. Programs in the division include:

- Temporary Assistance to Needy Families (TANF)
- Virginia Initiative for Employment not Welfare (VIEW)
- Medicaid
- Food Stamps
- Workforce Investment Act (WIA) -- Adult, Dislocated Workers and Youth Services and
- Other grant-funded employment and training programs

**PUBLIC ASSISTANCE/WELFARE REFORM PROGRAM HIGHLIGHTS**

Demand for public assistance programs are traditionally an indicator of human need within the county. Public assistance caseloads declined considerably following implementation of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996. However, beginning in FY 2001 this trend has reversed, with Food Stamp, Medicaid and TANF caseloads increasing approximately 15 percent, 18.7 percent, and 16 percent respectively. This recent trend is likely to continue primarily as a result of recent federal and state policy changes designed to streamline the application process and allow certain groups of immigrants to qualify for Food Stamps again, and because of outreach efforts to improve access to services and connect people with benefits.

By the end of FY 2003, the division had authorized over \$223 million in public assistance benefit payments on behalf of county residents and managed an average monthly public assistance caseload of 34,333 cases -- an 18 percent increase over FY 2001. However, by December 2003 the actual public assistance caseload reached 43,162 cases, the highest ever.

**Average Number of Monthly Public Assistance/Welfare Reform Cases**

<b>Program</b>	<b>FY 2001</b>	<b>FY 2002</b>	<b>FY 2003</b>	<b>Jul-Dec 03</b>
<b>TANF</b>	1,077	1,149	1,253	1,338
<b>Food Stamps</b>	6,516	6,952	7,487	8,436
<b>Medicaid *</b>	19,565	20,814	23,224	28,813
<b>VIEW</b>	209	243	322	365
<b>Other</b>	1,870	2,103	2,369	2,057
<b>Total</b>	29,028	31,018	34,333	41,009

\* Does not include FAMIS (Family Access to Medical Insurance Security Plan) caseloads

## PROGRAM OVERVIEW AND PERFORMANCE

- **Food Stamps Program**

The purpose of this federal program is to alleviate hunger and malnutrition by providing eligible low-income families additional food purchasing power through income supplementation. Food Stamps benefits range from \$10 to \$1,028 monthly depending on family size, countable income, and expenses. In FY 2003, an average of 7,487 families per month received a total of \$955,326 in Food Stamp benefits, or \$11.4 million for the year.

- **Medicaid**

The federal/state funded Medicaid program pays medical service providers for services rendered to eligible elderly, disabled and blind individuals, pregnant women, and low-income families with children. Since 1998, following the implementation of the Family Access to Medical Insurance Security (FAMIS) Program, with its emphasis on expanding eligibility and increasing enrollment of children, Medicaid caseloads have steadily increased. As outreach and emphasis on retention continues, caseloads likely will continue to grow. In FY 2003, an average of 12,358 adults and 22,633 children (23,224 cases) participated in the Medicaid program. The county also enrolled an additional 4,220 children in FAMIS. In FY 2003, a monthly average of \$17.2 million (or \$207 million for the year) was paid out under the Medicaid program to county residents.

- **Temporary Assistance to Needy Families (TANF) and the Virginia Initiative for Employment not Welfare (VIEW) --**These programs go hand in hand: TANF provides monthly cash assistance to low-income families so that children may be cared for in their own homes or in the homes of relatives; VIEW is the employment program for TANF recipients.

The maximum amount of benefits a participating TANF family receives ranges from \$242 per month for one person to \$570 for six or more people. The average TANF family size in Fairfax County is 2.4 members and the average monthly cash assistance is \$333 per family. In FY 2003, an average of 1,253 families or 2,734 individuals received a total of \$394,443 per month in TANF benefits or a total of \$4.7 million for the year.

Since the start of federal welfare reform in 1996, able-to-work parents with children 18 months of age or older have been required to participate in VIEW as a condition of receiving TANF cash assistance. From April 1996, the inception of the VIEW program, to December 2003, the department has provided employment and work support services through the VIEW program to over 4,406 adults. In the first few years after the implementation of federal welfare reform, the nation witnessed a fast and sharp decline in the number of families receiving TANF assistance. Beginning in 2002, TANF/VIEW caseloads started to rise again. From December 2001 to December 2003, the average VIEW monthly caseload rose from 231 to 391. This increase can be attributed to an uncertain and difficult job market, especially for those with limited employment skills, and to some extent, the return of former VIEW clients to the program.

VIEW families become ineligible for TANF and VIEW through earnings or at the 24-month time limit of the program. When wages from employment combined with other available

income reach 100 percent of the federal poverty level (for example, \$1,272 monthly for a family of three), the TANF cash assistance stops. In Fairfax County, VIEW participants' wages averaged \$8.13 per hour/\$1,058 per month in December 2003, including full and part-time employment.

Currently, most VIEW participants face numerous complex issues that challenge them and the service providers who support them to help them prepare for and find jobs that will support their families. Case managers must deal with these issues skillfully and aggressively to achieve success before the client reaches the 24-month program participation time limit.

County VIEW participants benefit from an array of employment, training and social services that support their successful transition to employment. These include assessing participants' strengths and weaknesses, and identifying and connecting them with necessary services and supports to attain their goals, such as transportation assistance, English classes, vocational training and assessment, counseling, mentoring, educational opportunities and career planning. Also, because the Self-Sufficiency Division operates highly successful employment centers, VIEW participants enjoy immediate and full access to the employment centers' services. Programs that the department has developed to specifically assist VIEW families include:

- ***The Families to Work Program*** - The Families to Work Program, a partnership between DFS and Fairfax County Public Schools Adult Education, serves VIEW participants who have few or no English skills, helping them with the basic skills needed to enter the workforce. Individuals in this program are concurrently enrolled in English as a Second Language (ESL) classes, held each school semester with 10–15 participants. There were 36 program participants in 2003.
- ***Bridges to Work Program*** - Funded through a state grant, this program helps the department identify “hard-to-serve” TANF and VIEW clients who may have learning disabilities. Research has shown that up to 40 percent of VIEW participants may have a learning disability. Partnerships with the Division of Rehabilitative Services, Fairfax County Public Schools Adult Education, Virginia Employment Commission, Service Source, the SkillSource Centers, and the Fairfax-Falls Church Community Services Board have been established to help work with clients who are diagnosed with a learning disability. The goal is to identify and secure resources to put accommodations in place that will lead to success in the workplace and in personal life.

During 2003, 178 participants were screened for possible learning disabilities. Of the 104 persons who were identified as possibly having learning disabilities, 69 agreed to complete evaluations. Of the 69, 57 percent were diagnosed with specific learning disabilities.

The evaluations also uncovered multiple diagnoses that included mild mental retardation, attention deficit hyperactive disorder, and mental health and borderline intellectual functioning issues. The Bridges partners developed and implemented plans for treatment and accommodation that will lead to employment stability.

- ***Workplace Essential Skills*** - Workplace Essential Skills, a partnership between DFS and Fairfax County Public Schools Adult Education, is also funded through the state Bridges to Work grant, and provides job readiness and job retention training to TANF clients. Classroom training is coupled with workplace or volunteer work over a six-week period. During this time, participants develop a career plan; identify the skills and education they need to accomplish their career goals; create resumes; practice interviewing skills; and research employment opportunities. Because lessons from the class can be applied in the workplace, the department has found that participants in this program have gained a better understanding of the skills required for successful employment and are better prepared for job search, retaining employment and advancing in their job.
- ***Family Loan Program*** - This program, in its fourth year of operation, provides interest-free loans to credit-worthy TANF recipients and TANF transitional clients (former TANF clients who are receiving TANF support services for 12 months following closure of their cases) to purchase vehicles and other related goods and services that will help them become self-reliant. To be eligible, the TANF recipient or transitional client must meet criteria, such as being employed at least 20 hours a week, agreeing to repay the loan within 24 months and participating in credit counseling sessions. Seven Northern Virginia Department of Social Services (DSS) agencies, including DFS, combined grant funds received from Virginia DSS and contracted with Northern Virginia Family Service to operate this program.

As of December 2003, the program has funded 49 loans totaling \$105,333 to Fairfax County residents, with 34 of the loans having been repaid in full and 15 loans in the repayment process.

- ***The Vehicles for Change Program*** – This program, founded by Precision CertiPro in 1999, is designed to help low-income residents purchase reliable used cars. The Virginia Department of Social Services funded Fairfax County and five other Northern Virginia social service agencies to bring this nonprofit organization to Northern Virginia in January 2002. Since March 2002, 71 cars have been provided to Fairfax County low-income residents.

The Vehicles for Change program receives donations of used cars from the community and prepares them to be “road ready” for distribution to eligible recipients. In exchange, the recipient is responsible for paying a nominal fee (\$700 - \$900) for the car. Each car comes with a six-month/6,000 mile warranty, and has a “Blue Book” value of at least \$3,000. Families are responsible for their car insurance, taxes, tags and title fees.

To be eligible, families must qualify as low income (175 percent of the Federal Poverty Guidelines), must be referred by the department or one of the five other area social services agencies, must be employed, have a least one child under the age of 18 and have a Virginia driver’s license with no citations for driving while intoxicated. The families are expected to take a short term bank loan if they do not have the \$700 - \$900, attend a car orientation program, have enough income to maintain a monthly car payment, and be able to afford insurance and ongoing car expenses. Northern Virginia Family Service administers this program for the department and the other five social services agencies.



- ***Other Public Assistance Programs***

The department also manages other critical public assistance services, such as the Refugee Assistance program, General Relief, AFDC-Foster Care, Auxiliary Grants for the elderly and disabled, Fraud Prevention, as well as seasonal programs that meet some needs of eligible low-income families and individuals in our community. These programs comprise approximately 7 percent of the caseload or 2,369 cases.

- ***Other Public Assistance Related Initiatives***

***Health Access Assistance Team (HAAT) Program*** - The HAAT team is a partnership among DFS, the Department of Systems Management for Human Services, the Fairfax County Community Health Care Network (CHCN), the Fairfax County Health Department, and Office of Partnerships- Medical Care for Children Partnership (MCCP). The purpose of the team is to improve access to health care programs by creating coordinated “points of entry.” The mission is to ensure that those without health insurance have access to and use the most appropriate health care resources available to them.

As of this writing, two HAAT teams are operational – one at the South County Community Health Care Network (CHCN) office and the other in Reston. An additional team is planned for the Baileys Crossroads CHCN in early Spring 2004. All team members are trained to screen potential clients for eligibility and enrollment in multiple local health care systems.

***Partnership with the Community Action Advisory Board*** - The Community Action Advisory Board (CAAB) agreed to fund a one-year staff position beginning July 2003. This staff person is responsible for working closely with HAAT members to ensure that clients receive the health care assistance that they may be eligible for; for providing outreach to the public; and for providing clients the information they need to determine eligibility for health care assistance.

***Retention Grant*** - The department received a 12-month grant from the Virginia Department of Social Services to test innovative, cost-effective strategies to increase the retention of eligible children in the FAMIS Plus program (Medicaid for children). In collaboration with other local departments of social services, DFS will be considering creative ways to ensure that children retain their health care assistance.

***Partnering with the Partnership for Healthier Kids*** - Partnership for Healthier Kids (PHK) through Inova Health System works with DFS to assist children in receiving FAMIS Plus. They obtain applications and verifications from families they think may be eligible for FAMIS Plus and forward them to DFS for eligibility determination. Currently, the department is exploring the co-location of a department staff person at the PHK worksite to improve this process.

***Disaster Food Stamp Program*** - To help county residents who were struggling to pay for food in the wake of Hurricane Isabel, the department applied for and was approved to operate the federal Disaster Food Stamp Program. County residents who were not usually eligible for Food Stamps could qualify for the disaster program if they suffered losses because of the hurricane and met other eligibility criteria. Those who were already receiving Food Stamps were automatically given an additional half-month’s allotment on the electronic benefits transfer (EBT) card. Current Food Stamp recipients could also apply for food stamp supplements to help replace food lost due to the hurricane.

Because of the nature of the program, the application period was limited to one week. The department initiated a quick and effective outreach campaign to alert county residents to the program. In a seven-day application timeframe, the department processed over 5,200 applications. Fairfax County residents who suffered losses during Hurricane Isabel received more than \$2.4 million in Food Stamp benefits. The overwhelming majority of those who applied were eligible for benefits. Most had never received Food Stamps or public assistance before and deeply appreciated the help. Staff from across the department assisted the Self-Sufficiency Division staff with this effort. In addition, other county agencies, including Police, Public Affairs, and Department of Systems Management for Human Services and the Department of Administration for Human Services provided assistance to ensure that the operation ran successfully.

### **EMPLOYMENT PROGRAM HIGHLIGHTS**

Under the Workforce Investment Act (WIA), the department's employment programs serve customers from every level of the workforce, including adults seeking a living wage to support their families, immigrants and refugees looking for their first job in the U.S., and dislocated workers laid off from jobs that span entry level to highly technical upper level positions. The services of the various employment programs are delivered through a network of one-stop SkillSource Employment Centers.

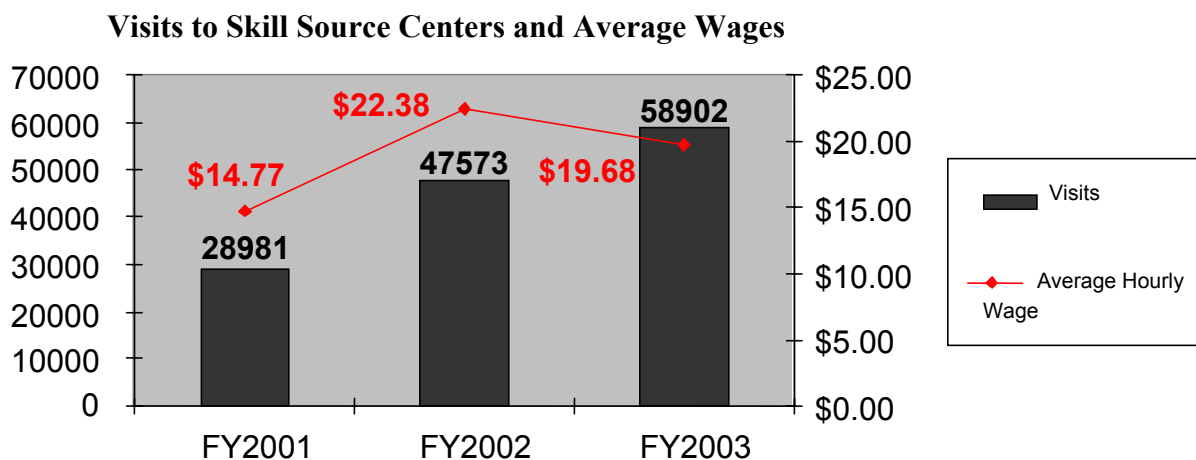
The Self-Sufficiency Division of DFS operates three SkillSource Employment Centers across the county -- at the South County Government Center, the Falls Church DFS office, and the DFS office at Lake Anne in Reston. These centers have been certified by the Northern Virginia Workforce Investment Board and offer services through partnerships that include: DFS, Fairfax County Public Schools Adult Education, Virginia Employment Commission, and Virginia Department of Rehabilitative Services, among others. Annually, thousands of jobseekers and employers throughout the Northern Virginia region access services and resources at these SkillSource Centers.

Additionally, Fairfax County DFS has been designated by the Northern Virginia Workforce Investment Board (NVWIB) as the program operator for services/programs authorized under the federal Workforce Investment Act and other Department of Labor employment programs. The department is under contract with NVWIB to manage and operate programs to meet the workforce needs across the seven-locality consortium that includes the counties of Fairfax, Loudoun, and Prince William, and cities of Fairfax, Falls Church, Manassas and Manassas Park.

As required by the Workforce Investment Act, SkillSource Centers provide universal access to employment services regardless of a person's income or other eligibility criteria. The mission of the SkillSource Centers is to meet the needs of employers, jobseekers and businesses in the area. Customers can access a wide variety of employment services and programs designed to meet general needs such as job search, resume critique, interview assistance, and filing for Virginia Employment Commission (VEC) Unemployment Insurance assistance. Additional services that address more specific needs such as career development and access to training funds are also available to individuals who meet certain eligibility criteria for these services. Employers can find services that include qualified job applicant referrals, recruitment and interview assistance, job placement matches and a variety of business services.

### Meeting the Demand

In FY 2003, county employment and training programs experienced exciting growth. Over 58,000 visits were made to the centers consortium-wide (35,523 in Fairfax County) and more than 22,000 first-time customers' accessed services—a substantial increase from previous years. The following graph shows the number of visits to all SkillSource Centers in the past three years. A large majority of those visits occurred in DFS-operated SkillSource Centers. Also illustrated is the average hourly wage achieved by clients after they leave the program. This average wage represents client earnings that cross over several employment and training programs. The average hourly wage also represents wages earned in numerous occupations spanning several industries and positions from entry level to highly technical upper level positions.



DFS continues to work towards increasing services, partnerships and resources in order to meet the needs of our diverse jobseeker population and business community.

### Recognition of County-Operated SkillSource Centers

Fairfax SkillSource Centers have received local and national recognition for achievements in performance and innovation. On numerous occasions, Fairfax County-operated programs and services have been selected as the model for best practices within a One-Stop system. In early February 2003, Governor Mark Warner visited the South County SkillSource Affiliate Center and saw firsthand how county residents were accessing high quality employment services to enhance their success in the job market. In August 2003, President George W. Bush described the Falls Church SkillSource Center as “...*effective programming and effective use of taxpayers' money to help willing workers find a job and to have relevant skills for the 21<sup>st</sup> century.*”

### PROGRAM OVERVIEW AND PERFORMANCE

**Workforce Investment Act (WIA)** - The Workforce Investment Act program is one of the department's main employment and training programs. WIA provides core and intensive services to unemployed and underemployed adult, dislocated workers and youth job seekers. DFS manages the WIA programs and offers services at SkillSource Centers throughout the workforce area consortium under the oversight of the Workforce Investment Board. Over 1,220 individuals

received WIA intensive services in FY 2003. The program exceeded all 17 negotiated performance standards set for our local workforce area this past program year.

***Center for Business Planning and Development (CBPD)*** - The Center for Business Planning and Development is a partnership among DFS, the Northern Virginia Workforce Investment Board and the Business Development Assistance Group, a local non-profit connected with George Mason University. Located at the Falls Church SkillSource Center, CBPD has been in operation since 2002, and provides services to emerging entrepreneurs and existing businesses in Northern Virginia, including residents of Fairfax, Loudoun and Prince William counties and the four cities within. There are currently no costs or eligibility requirements to access CBPD services, which include: technical assistance on business start-up and expansion; workshops; translation and interpretation; data and information dissemination; business networking; and referral to additional services as needed. During the past year, 22 businesses were started in business consulting, retail, construction, food service and cleaning/janitorial services. Ninety-eight existing businesses were served through loan and business expansion assistance. A total of 86 new jobs were created: 58 were created through business expansion and retention, and 28 were created through the startup of new businesses.

***Disabilities Services Grants (OneSource and YouthSource)*** - These grants engage multiple service provider partners to offer a wide range of services for adults and youth with disabilities, including assessment, training, innovative approaches to employment and expanded linkages with public and private providers. Services are provided through the SkillSource Centers with support from DFS and ServiceSource, Inc., a local non-profit. As the SkillSource Center operator of multiple sites, DFS oversees the growth and performance of these two programs. Outreach and marketing of services to persons with disabilities are an integral part of this program, as are educational and training opportunities for professional staff on disabilities-related topics to elevate awareness of this population. The department has provided 24 professional staff development opportunities to approximately 300 system staff.

***National Emergency Grant*** - In October 2001, the Department of Labor funded a National Emergency Grant (NEG) to assist individuals whose employment situations were severely impacted by the September 11<sup>th</sup>. This grant is specifically earmarked to provide career counseling, job training and job placement services to workers who lost jobs or had their work hours reduced as a direct result of the terrorist attacks. By the end of FY 2003, over 3,000 dislocated workers received services under the NEG program through a combination of self-directed services and staff-guided services through the SkillSource Centers. Occupational training that customers have received include: airline pilot type rating training; and commercial driver's license, clerical, computer, healthcare, electrical HVAC and construction training.

***Rapid Response Grant*** - Rapid Response grants provide DFS with the additional resources needed to offer intervention and ongoing employment assistance to workers dislocated by specific mass layoffs or plant closings. Company representatives work with the local Virginia Employment Commission (VEC) and SkillSource Centers to design and deliver employment transition services before the layoff occurs. This rapid intervention and coordination of services in many cases helps avoid loss of employment by connecting the affected individuals with another job before their termination of employment. The range of services is similar to the WIA Dislocated Worker programs. In partnership with VEC since 2002, Rapid Response delivered post laid-off employment services to 3,017 individuals and worked with 39 employers in providing transitional services.

**MetroTech Grant** - MetroTech has assisted over 2,950 dislocated workers throughout Virginia, Maryland, and D.C. since the inception of the program in March 2000. As the operator of MetroTech in Northern Virginia, DFS has continually redefined the way it does business to meet the changing needs of the labor market over the past three years. Northern Virginia currently leads all regions in job placements by placing over 350 dislocated workers in the technology and health care industries. The county accessed over \$1.1 million in training dollars on behalf of our MetroTech participants to upgrade or acquire new skills that meet the demands of employers.

## **ISSUES/TRENDS**

- **Reauthorization of TANF and Reduction of State TANF Budget for FY 2005/2006**

The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) created the Temporary Assistance for Needy Families (TANF) block grant. Authorization for the TANF program ended September 30, 2002. Congress did not deal with the full reauthorization of TANF before the original expiration date, therefore, TANF and related programs have continued to operate under a series of extensions (continuing resolutions), the most recent of which lasts through March 2004. The U. S. House of Representatives has passed legislation to reauthorize and significantly change the TANF block grant and its mandatory requirements. The U.S. Senate Finance Committee has released its mark-up of this legislation, and the bill may go to the Senate floor in the fall of 2004.

Differences between the House and Senate bills include the level of funding for child care, the work participation requirements, the types of activities that count toward the work participation rate, the number of hours a participant must be in work or a work activity, and the new universal engagement requirement contained in both the House and Senate bills. Given what is known today about the reauthorization of TANF, increases in workloads and costs for TANF/VIEW and child care programs both at the state and local levels can be expected.

At the state level, Virginia is dealing with a projected \$34 million TANF budget deficit, making it necessary to reduce TANF spending to balance its TANF budget for the biennium. There are three TANF budget versions being considered by the Virginia General Assembly -- the governor's, the House and the Senate. Each deals with the \$34 million reduction differently, and as of this writing, it is uncertain which version will be approved and how it will affect the county.

- **Increased Demand for Public Assistance and Workload Increases**

As mentioned earlier, increased demand for public assistance and employment programs has been the trend since 2001 when the combined effects of a weakening economy and the losses caused by the terrorist attacks of September 11<sup>th</sup> created increased unemployment and business decline. Recent growth in public assistance caseload numbers are dramatic - 43,162 in December 2003 compared to 34,031 in December 2002. This recent trend is likely to continue primarily due to recent federal and state policy changes designed to streamline the application process, allow certain groups of immigrants to qualify for Food Stamps again, and outreach efforts aimed at improving access to services and connecting people with benefits. To deal with the anticipated increases in caseload, the department put in place several measures to increase efficiency; however, the effect of these efficiencies have been somewhat diminished by the unprecedented increases in caseload. Potential side effects of the rapid increases in demand for services may include delays in customers accessing

services, a rise in customer complaints, and difficulty in maintaining quality services, given the increased volume and the multiple and severe challenges that clients present.

- **Meeting the Needs of a Changing Community**

Each year, the diversity among the families living in the county increases. This diversity is related not only to culture, language spoken and level of education, but to other factors such as the increased number of aging adults and people with disabilities. Diversity has enriched our community and has also added a new level of complexity to the work of the department and its staff. To provide equal access to services, and maintain excellence in public service, DFS continues to invest in attracting, developing and retaining a highly skilled and diverse workforce. In addition, to effectively deal with the multiple and complex issues presented by our customers, the department must provide its staff with adequate tools to meet the needs of the community, including access to language translation (including sign language) and interpretation services as well as the provision of culturally appropriate services. These factors increase program cost, workload, and level of effort required of the staff to meet our mission.